#### **APPENDICES**

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EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
EP	NQF 0012	Title: Prenatal Screening for Human Immunodeficiency Virus (HIV)	AMA-PCPI Contact Information: cpe@ama-assn.org		Obstetrics and Gynecology
		<b>Description:</b> Percentage of patients who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit	epeterana assinorg		
EP	NQF 0013	Title: Blood pressure measurement	AMA-PCPI Contact Information:		Core
	0013	<b>Description:</b> Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with diagnosed hypertension	cpe@ama-assn.org		
EP	NQF 0014	Title: Prenatal Anti-D Immune Globulin	AMA-PCPI Contact Information:		Obstetrics and Gynecology
		<b>Description:</b> Percentage of D-negative, unsensitized patients who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation	cpe@ama-assn.org		
EP	NQF 0022	Title: Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided.  Description: Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year. Percentage of patients 65 years of age and older who received at least two different	NCQA Contact Information: www.ncqa.org		Core
EP	NQF 0026	drugs to be avoided in the elderly in the measurement year.  Title: Measure pair - a. Tobacco use prevention for infants, children and	Institute for Clinical Systems Improvement		Pediatrics
		adolescents, b. Tobacco use cessation for infants, children and adolescents	(ICSI) Contact Information: http://www.icsi.org/		
		Description: Percentage of patients' charts showing either that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinic			
		visit. Percentage of patients with documented tobacco use or exposure at the latest visit who also have documentation that their cessation interest was assessed or that they received advice to quit.			
EP	NQF	Title: Cervical Cancer Screening	NCQA		Oncology,

EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
	0032	<b>Description:</b> Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the 2 years prior to the measurement year.	Contact Information: www.ncqa.org		Primary Care, Obstetrics and Gynecology
EP	NQF 0036	Title: Use of appropriate medications for people with asthma  Description: Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year.	NCQA Contact Information: www.ncqa.org		Pulmonology, Primary Care
EP	NQF 0105	Title: New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c)Effective Continuation Phase Treatment  Description: Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment  Phase b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment  Phase c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and treated with antidepressant medication and treated with antidepressant medication and who remained on an antidepressant drug for at least 180 days.	NCQA Contact Information: www.ncqa.org		Psychiatry, Primary Care
EP	NQF 0106	Title: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents  Description: Percentage of patients newly	ICSI Contact Information: http://www.icsi.org/		Pediatrics, Primary Care

EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
		diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.			
EP	NQF 0107	Title: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents  Description: Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.	Contact Information: http://www.icsi.org/		Pediatrics, Primary Care
EP	NQF 0110	Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use  Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	Center for Quality Assessment and Improvement in Mental Health Contact Information: http://www.cqaimh.org/		Psychiatry, Primary Care
EP	NQF 0299	<b>Description:</b> Percentage of surgical site infections occurring within thirty days after the operative procedure if no implant is left in place or with one year if an implant is in place in patients who had an NHSN operative procedure performed during a specified time period and the infection appears to be related to the operative procedure.	Centers for Disease Control and Prevention (CDC) Contact Information: http://www.cdc.gov/		Proceduralists/ Surgery
EP	Not applicable	Title: Hysterectomy rates Description:			Obstetrics and Gynecology
EP	Not applicable	Title: Appropriate antibiotic use for ear infections  Description:			Pediatrics, Primary Care
EP	Not applicable	Title: Statin after Myocardial Infarction  Description:			Cardiology
EP	Not	Title: 30 day Readmission Rate			Proceduralists/

EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
	applicable	Description			Surgery
EP	Not applicable	Title: 30 Readmission Rate following deliveries			Obstetrics and Gynecology
EP	Not applicable	Description: Title: Use of CT scans  Description: Number of repeat CT scans			Pulmonology
EH	Not	within 60 days  Title: Hospital Specific 30 day Rate			
EH	applicable Not applicable	following AMI admission <b>Title:</b> Hospital Specific 30 day Rate following Heart Failure admission			
EH	Not applicable	<b>Title:</b> Hospital Specific 30 day Rate following Pneumonia admission			
EH	NQF 0302	<b>Description:</b> Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: •Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period •Daily "sedation interruption" and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation; Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV<105)•SUD (peptic ulcer disease) prophylaxis DVT (deep venous thrombosis) prophylaxis			
ЕН	NQF 0298	Measure Developer: IHI  Title: Central Line Bundle Compliance  Description: Percentage of intensive care patients with central lines for whom all			

EP or EH	Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
		elements of the central line bundle are documented and in place. The central line bundle elements include: Hand hygiene, •Maximal barrier precautions upon insertion •Chlorhexidine skin antisepsis •Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters in patients 18 years and older •Daily review of line necessity with prompt removal of unnecessary lines			
		Measure Developer: IHI			
ЕН	NQF 0329	Title: All-Cause Readmission Index (risk adjusted)  Description: Overall inpatient 30-day hospital readmission rate.  Measure Developer: United Health Group			
EH	Not applicable	Title: All-Cause Readmission Index			
		<b>Description:</b> Overall inpatient 30-day hospital readmission rate.			

<sup>\*</sup> These measures are not currently required for either PQRI, RHQDAPU, or the Hospital Outpatient Quality Data Reporting Program (HOP-QDRP). They have also not been announced in prior rulemaking for these quality initiatives. Nor are they included in current proposed rulemaking regarding proposed Medicaid and CHIP Programs; Initial Core Set of Children's Healthcare Quality Measures for Voluntary Use by Medicaid and CHIP Programs (Federal Register Vol 74. No 248. p. 68848.)

#### Appendix B — Measure Group: Core for All EPs, Medicare or Medicaid

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 114 NQF 0028	Title: Preventive Care and Screening: Inquiry Regarding Tobacco Use  Description: Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months	AMA-PCPI Contact Information: cpe@ama-assn.org		Core, Pulmonology, Primary Care
NQF 0013	<b>Description:</b> Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with diagnosed hypertension	AMA-PCPI Contact Information: cpe@ama-assn.org		Core
NQF 0022	Title: Drugs to be avoided in the elderly: a. Patients who receive at least one drug to be avoided, b. Patients who receive at least two different drugs to be avoided.  Description: Percentage of patients ages 65 years and older who received at least one drug to be avoided in the elderly in the measurement year. Percentage of patients 65 years of age and older who received at least two different drugs to be avoided in the elderly in the measurement year.	NCQA Contact Information: www.ncqa.org		Core

#### Appendix C — Specialty Measures (Measure Group: Cardiology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 5	<b>Title:</b> Heart Failure: Angiotensin-Converting	American Medical	http://www.cms.hh	Cardiology
NQF 0081	Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Association- sponsored Physician Consortium for Performance	s.gov/PQRI/20 Alt ernativeReportingM echanisms.asp#Top OfPage	
	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD who were prescribed ACE inhibitor or ARB therapy	Improvement (AMA-PCPI) Contact Information: cpe@ama-assn.org		
PQRI 6	Title: Coronary Artery Disease (CAD): Oral	AMA-PCPI		Cardiology
NQF 0067	Antiplatelet Therapy Prescribed for Patients with CAD	Contact Information: cpe@ama-assn.org		
	<b>Description</b> : Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy			
PQRI 7	Title: Coronary Artery Disease (CAD): Beta-	AMA-PCPI	http://www.cms.hh	Cardiology
NQF 0070	Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)	Contact Information: cpe@ama-assn.org	s.gov/PQRI/20 Alt ernativeReportingM	
	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy		echanisms.asp#Top OfPage	
PQRI 8	<b>Title:</b> Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	AMA-PCPI Contact Information:		Cardiology
NQF 0083	(LVSD)	cpe@ama-assn.org		
	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD and who were prescribed beta-blocker therapy			
PQRI 118	<b>Title:</b> Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE)	AMA-PCPI Contact Information:		Cardiology
NQF 0066	Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	cpe@ama-assn.org		
	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who also have diabetes mellitus and/or LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy			
PQRI 128	Title: Preventive Care and Screening: Body	CMS/Quality Insights		Cardiology,
NQF 0421	Mass Index (BMI) Screening and Follow-Up  Description: Percentage of patients aged 18	of Pennsylvania (QIP) Contact Information:		Endocrinology, Primary Care, Obstetrics and

# Appendix C — Specialty Measures (Measure Group: Cardiology)

	years and older with a calculated BMI in the	PQRI inquiry@cms.hhs	Gynecology
	past six months or during the current visit	.gov	, 3,
	documented in the medical record AND if		
	the most recent BMI is outside parameters, a		
	follow-up plan is documented Parameters:		
	Age 65 and older BMI ≥30 or <22 Age 18 –		
	64 BMI ≥25 or <18.5		
PQRI 197	Title: Coronary Artery Disease (CAD): Drug	AMA-PCPI	Cardiology,
	Therapy for Lowering LDL-Cholesterol	Contact Information:	Primary Care
NQF 0074		cpe@ama-assn.org	·
	<b>Description:</b> Percentage of patients aged 18		
	years and older with a diagnosis of CAD who		
	were prescribed a lipid-lowering therapy		
	(based on current ACC/AHA guidelines)		
PQRI 200	Title: Heart Failure: Warfarin Therapy for	AMA-PCPI	Cardiology
	Patients with Atrial Fibrillation	Contact Information:	
NQF 0084		cpe@ama-assn.org	
	<b>Description:</b> Percentage of all patients aged		
	18 and older with a diagnosis of heart failure		
	and paroxysmal or chronic atrial fibrillation		
	who were prescribed warfarin therapy		
PQRI 204	Title: Ischemic Vascular Disease (IVD): Use	NCQA	Cardiology,
	of Aspirin or Another Antithrombotic	Contact Information:	Endocrinology,
NQF 0068		www.ncqa.org	Primary Care,
	<b>Description:</b> Percentage of patients aged 18		Neurology
	years and older with Ischemic Vascular		
	Disease (IVD) with documented use of		
	aspirin or other antithrombotic		
Not	Title: Statin after Myocardial Infarction		Cardiology
applicable			
	Description:		

# Appendix C — Specialty Measures (Measure Group: Pulmonology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 52 NQF 0102	Title: Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy  Description: Percentage of patients aged 18	AMA-PCPI Contact Information: cpe@ama-assn.org		Pulmonology
	years and older with a diagnosis of COPD and who have an FEV1/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator			
PQRI 53	Title: Asthma: Pharmacologic Therapy	AMA-PCPI Contact Information:		Pulmonology
NQF 0047	<b>Description:</b> Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment	cpe@ama-assn.org		
PQRI 111	<b>Title:</b> Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years	NCQA Contact Information:	http://www.cms.hh s.gov/PQRI/20_Alt	Pulmonology
NQF 0043	and Older	www.ncqa.org	echanisms.asp#Top	
	<b>Description:</b> Percentage of patients aged 65 years and older who have ever received a pneumococcal vaccine		OfPage	
PQRI 114	<b>Title:</b> Preventive Care and Screening: Inquiry Regarding Tobacco Use	AMA-PCPI Contact Information:		Core, Pulmonology,
NQF 0028		cpe@ama-assn.org		Primary Care
	<b>Description:</b> Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months			
PQRI 115	<b>Title:</b> Preventive Care and Screening: Advising Smokers to Quit	AMA-PCPI Contact Information:		Pulmonology, Primary Care
NQF 0027		cpe@ama-assn.org		Tilliary Care
	<b>Description:</b> Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking			
NQF 0001	Title: Asthma assessment	AMA-PCPI Contact Information:		Pulmonology, Primary Care
	<b>Description:</b> Percentage of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms	cpe@ama-assn.org		Timiary Gare
NQF 0036	<b>Title:</b> Use of appropriate medications for people with asthma	NCQA Contact Information: www.ncqa.org		Pulmonology, Primary Care
	<b>Description:</b> Percentage of patients who were identified as having persistent asthma during the measurement year and the year			

# Appendix C — Specialty Measures (Measure Group: Pulmonology)

	prior to the measurement year and who were		
	dispensed a prescription for either an inhaled		
	corticosteroid or acceptable alternative		
	medication during the measurement year.		
Not	Title: Use of CT scans		Pulmonology
applicable			
	<b>Description</b> : Number of repeat CT scans		
	within 60 days		

#### Appendix C — Specialty Measures (Measure Group: Endocrinology)

Measure Number	Clinical Quality Measure Title &  Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications	Core/Specialty Measure Group
	1		Information	
PQRI 1 NQF 0059	<b>Title:</b> Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	National Committee for Quality Assurance (NCQA)	http://www.cms.hh s.gov/PQRI/20 Alt ernativeReportingM	Endocrinology Primary Care
	<b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%	Contact Information: www.ncqa.org	echanisms.asp#Top OfPage	
PQRI 2	<b>Title:</b> Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes	NCQA Contact Information:	http://www.cms.hh s.gov/PQRI/20 Alt	Endocrinology
NQF 0064	Mellitus	www.ncqa.org	ernativeReportingM echanisms.asp#Top	
	<b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dl)		<u>OfPage</u>	
PQRI 3	<b>Title:</b> Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	NCQA Contact Information:	http://www.cms.hh s.gov/PQRI/20 Alt	Endocrinology
NQF 0061	<b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent blood pressure in control (less than 140/80 mmHg)	www.ncqa.org	ernativeReportingM echanisms.asp#Top OfPage	
PQRI 117	<b>Title:</b> Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	AMA-PCPI Contact Information:		Endocrinology
NQF 0055		cpe@ama-assn.org		
	<b>Description:</b> Percentage of patients aged 18 through 75 years with a diagnosis of diabetes mellitus who had a dilated eye exam			
PQRI 119	<b>Title:</b> Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for	NCQA Contact Information:		Endocrinology
NQF 0062	Nephropathy in Diabetic Patients	www.ncqa.org		
	<b>Description:</b> Percentage of patients aged 18 through 75 years with diabetes mellitus who			
	received urine protein screening or medical attention for nephropathy during at least one office visit within 12 months			
PQRI 128	<b>Title:</b> Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CMS/Quality Insights of		Cardiology, Endocrinology,
NQF 0421	Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented Parameters: Age 65 and older BMI ≥30 or <22 Age 18 −	Pennsylvania (QIP) Contact Information: PQRI inquiry@cms.hhs .gov		Primary Care, Obstetrics and Gynecology
PQRI 204	64 BMI ≥25 or <18.5 <b>Title:</b> Ischemic Vascular Disease (IVD): Use	NCQA		Cardiology,

# Appendix C — Specialty Measures (Measure Group: Endocrinology)

	of Aspirin or Another Antithrombotic	Contact Information:	Enc	locrinology,
NQF 0068		www.ncqa.org	Prin	nary Care,
	<b>Description:</b> Percentage of patients aged 18		Neu	ırology
	years and older with Ischemic Vascular			
	Disease (IVD) with documented use of			
	aspirin or other antithrombotic			
NQF 0060	Title: Hemoglobin A1c test for pediatric	NCQA	Enc	locrinology,
	patients	Contact Information:	Ped	iatrics,
		www.ncqa.org	Prin	nary
	<b>Description:</b> Percentage of pediatric patients		Caro	e
	with diabetes with a HBA1c test in a 12-			
	month measurement period.			
Not	Title: Comprehensive Diabetes Care:		Enc	locrinology
applicable	HbA1c Control (<8.0 percent)			

# Appendix C — Specialty Measures (Measure Group: Oncology)

Measure Number	Clinical Quality Measure Title &  Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 71 NQF 0387	<b>Title:</b> Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR)	AMA-PCPI/American Society of Clinical Oncology (ASCO)		Oncology
1102 0001	Positive Breast Cancer	National Comprehensive		
	<b>Description:</b> Percentage of female patients aged 18 years and older with Stage IC	Cancer Network (NCCN):		
	through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Contact Information: cpe@ama-assn.org http://www.asco.org/		
PQRI 72	Title: Colon Cancer: Chemotherapy for	AMA-PCPI/ASCO-		Oncology
NQF 0385	Stage III Colon Cancer Patients	NCCN Contact Information:		
	<b>Description:</b> Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant, prescribed adjuvant chemotherapy, or have	cpe@ama-assn.org http://www.asco.org/		
	previously received adjuvant chemotherapy within the 12-month reporting period			
PQRI 102	<b>Title:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for	AMA-PCPI		Oncology
NQF 0389	Staging Low-Risk Prostate Cancer Patients	Contact Information:  cpe@ama-assn.org		
	<b>Description:</b> Percentage of patients,			
	regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR			
	external beam radiotherapy to the prostate,			
	OR radical prostatectomy, OR cryotherapy			
	who did <u>not</u> have a bone scan performed at any time since diagnosis of prostate cancer			
PQRI 112	<b>Title:</b> Preventive Care and Screening: Screening Mammography	NCQA Contact Information:	http://www.cms.hh s.gov/PQRI/20 Alt	Oncology, Primary Care,
NQF 0031	Description: Percentage of women aged 40 through 69 years who had a mammogram to screen for breast cancer within 24 months	www.ncqa.org	ernativeReportingM echanisms.asp#Top OfPage	Obstetrics and Gynecology
PQRI 113	Title: Preventive Care and Screening:	NCQA	http://www.cms.hh	Oncology,
NQF 0034	Colorectal Cancer Screening  Description: Percentage of patients aged 50	Contact Information: www.ncqa.org	s.gov/PQRI/20 Alt ernativeReportingM echanisms.asp#Top	Primary Care, Gastroenterology

# Appendix C — Specialty Measures (Measure Group: Oncology)

	through 80 years who received the	<u>OfPage</u>	
	appropriate colorectal cancer screening		
NQF 0032	Title: Cervical Cancer Screening		Oncology

#### Appendix C — Specialty Measures (Measure Group: Proceduralists/Surgery)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 20	<b>Title:</b> Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician	AMA-PCPI/NCQA Contact Information:		Proceduralists/ Surgery
NQF 0270	<b>Description:</b> Percentage of surgical patients	cpe@ama-assn.org www.ncqa.org		Jurgery
	aged 18 years and older undergoing procedures with the indications for prophylactic parenteral antibiotics, who have an order for prophylactic antibiotic to be given within one hour (if fluoroquinolone or			
	vancomycin, two hours), prior to the surgical incision (or start of procedure when no incision is required)			
PQRI 21 NQF 0268	<b>Title:</b> Perioperative Care: Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	AMA-PCPI/NCQA Contact Information: cpe@ama-assn.org		Proceduralists/ Surgery
NQ1 0208		www.ncqa.org		
	<b>Description:</b> Percentage of surgical patients aged 18 years and older undergoing			
	procedures with the indications for a first OR second generation cephalosporin prophylactic antibiotic, who had an order for cefazolin OR			
DODI 22	cefuroxime for antimicrobial prophylaxis	AMA DCDI/NICOA		Duo ao du maliata /
PQRI 22	<b>Title:</b> Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac	AMA-PCPI/NCQA Contact Information:		Proceduralists/ Surgery
NQF 0271	Procedures)	cpe@ama-assn.org www.ncqa.org		
	<b>Description:</b> Percentage of non-cardiac surgical patients aged 18 years and older undergoing procedures with the indications			
	for prophylactic antibiotics AND who received a prophylactic antibiotic, who have an order for discontinuation of prophylactic			
	antibiotics within 24 hours of surgical end time			
PQRI 23	<b>Title:</b> Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis	AMA-PCPI/NCQA Contact Information:		Proceduralists/ Surgery
NQF 0239	(When Indicated in ALL Patients)	cpe@ama-assn.org www.ncqa.org		
	<b>Description:</b> Percentage of patients aged 18 years and older undergoing procedures for which VTE prophylaxis is indicated in all			
	patients, who had an order for Low Molecular Weight Heparin (LMWH), Low-			
	Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time			

#### Appendix C — Specialty Measures (Measure Group: Proceduralists/Surgery)

NQF 0299	Title: Surgical Site Infection Rate	Centers for Disease		Proceduralists/
		Control and		Surgery
	<b>Description:</b> Percentage of surgical site	Prevention (CDC)		
	infections occurring within thirty days after	Contact Information:		
	the operative procedure if no implant is left	http://www.cdc.gov/		
	in place or with one year if an implant is in			
	place in patients who had an NHSN			
	operative procedure performed during a			
	specified time period and the infection			
	appears to be related to the operative			
	procedure.			
Not	Title: 30 day Readmission Rate		_	Proceduralists/
applicable				Surgery
	Description			

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 114 NQF 0028	<b>Title:</b> Preventive Care and Screening: Inquiry Regarding Tobacco Use	AMA-PCPI Contact Information: cpe@ama-assn.org		Core, Pulmonology, Primary Care
1101 0020	<b>Description:</b> Percentage of patients aged 18 years or older who were queried about tobacco use one or more times within 24 months	<u>срешанта-аззп.огд</u>		Timary Care
PQRI 115	<b>Title:</b> Preventive Care and Screening: Advising Smokers to Quit	AMA-PCPI Contact Information:		Pulmonology, Primary Care
NQF 0027	Description: Percentage of patients aged 18 years and older and are smokers who received advice to quit smoking	cpe@ama-assn.org		Filliary Care
PQRI 202 NQF 0075	Title: Ischemic Vascular Disease (IVD): Complete Lipid Profile	NCQA Contact Information:		Primary Care, Neurology
NQF 0075	<b>Description:</b> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months	www.ncqa.org		
PQRI 203	Title: Ischemic Vascular Disease (IVD): Low Density Lipoprotein (LDL–C) Control	NCQA Contact Information:		Primary Care, Neurology
NQF 0075	Description: Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who had most recent LDL-C level in control (less than 100 mg/dl)	www.ncqa.org		
PQRI 204	<b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	NCQA Contact Information:		Cardiology, Endocrinology,
NQF 0068	Description: Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	www.ncqa.org		Primary Care, Neurology
NQF 0038	Title: Childhood Immunization Status	NCQA Contact Information:		Primary Care, Pediatrics
	<b>Description:</b> Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates	www.ncqa.org		
PQRI 112	<b>Title:</b> Preventive Care and Screening: Screening Mammography	NCQA Contact Information:	http://www.cms.hh s.gov/PQRI/20 Alt	Oncology, Primary Care,
NQF 0031	<b>Description:</b> Percentage of women aged 40 through 69 years who had a mammogram to	www.ncqa.org	ernativeReportingM echanisms.asp#Top OfPage	Obstetrics and Gynecology

	screen for breast cancer within 24 months			
PQRI 113	Title: Preventive Care and Screening:	NCQA	http://www.cms.hh	Oncology,
_	Colorectal Cancer Screening	Contact Information:	s.gov/PQRI/20 Alt	Primary Care,
NQF 0034		www.ncqa.org	ernativeReportingM	Gastroenterology
	<b>Description:</b> Percentage of patients aged 50	1 3	echanisms.asp#Top	83
	through 80 years who received the		OfPage	
	appropriate colorectal cancer screening			
PQRI 1	Title: Diabetes Mellitus: Hemoglobin A1c	National Committee	http://www.cms.hh	Endocrinology
- (	Poor Control in Diabetes Mellitus	for Quality	s.gov/PQRI/20 Alt	Primary Care
NQF 0059		Assurance (NCQA)	ernativeReportingM	
(	<b>Description:</b> Percentage of patients aged 18	Contact Information:	echanisms.asp#Top	
	through 75 years with diabetes mellitus who	www.ncqa.org	OfPage	
	had most recent hemoglobin A1c greater than		<u>Off age</u>	
	9.0%			
NQF 0052	<b>Title:</b> Low back pain: use of imaging studies	NCQA		Primary Care,
1101 0032	Title Bow buck paint use of maging studies	Contact Information:		Radiology
	<b>Description:</b> Percentage of patients with	www.ncqa.org		Radiology
	new low back pain who received an imaging	www.iicqa.org		
	study (plain x-ray, MRI, CT scan) conducted			
	on the episode start date or in the 28 days			
	following			
	the episode start date.			
NQF 0018	Title: Controlling High Blood Pressure	NCQA		Primary Care
1101 0010	Title: Controlling Fight Blood Fiessure	Contact Information:		I Illiary Care
	<b>Description:</b> Percentage of patients with last	www.ncqa.org		
	BP < 140/80 mm Hg.	www.neqa.org		
PQRI 128	Title: Preventive Care and Screening: Body	CMS/Quality Insights		Cardiology,
1 Q10 120	Mass Index (BMI) Screening and Follow-Up	of		Endocrinology,
NQF 0421	inass findex (bini) serectining and I onlow ep	Pennsylvania (QIP)		Primary Care,
1101 0121	<b>Description:</b> Percentage of patients aged 18	Contact Information:		Obstetrics and
	years and older with a calculated BMI in the	PORI inquiry@cms.hhs		Gynecology
	past six months or during the current visit	<u>.gov</u>		Gynceology
	documented in the medical record AND if	<u>.gov</u>		
	the most recent BMI is outside parameters, a			
	follow-up plan is documented Parameters:			
	Age 65 and older BMI $\geq$ 30 or $\leq$ 22 Age 18 –			
	64 BMI ≥25 or <18.5			
PQRI 65	Title: Treatment for Children with Upper	NCQA		Primary Care
- 2 00	Respiratory Infection (URI): Avoidance of	Contact Information:		
NQF 0069	Inappropriate Use	www.ncqa.org		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Trr			
	<b>Description</b> : Percentage of children aged 3			
	months through 18 years with a diagnosis of			
	URI who were not prescribed or dispensed			
	an antibiotic prescription on or within 3 days			
	of the initial date of service			
PQRI 66	Title: Appropriate Testing for Children with	NCQA		Pediatrics,
- 2 00	Pharyngitis	Contact Information:		Primary Care
NQF 0002	)8	www.ncqa.org		- IIIIII y Guic
-1	<b>Description:</b> Percentage of children aged 2	www.neqa.org		
	through 18 years with a diagnosis of			
	pharyngitis, who were prescribed an antibiotic			
	and who received a group A streptococcus			
	I ama who received a group it surproceeds			1

	(strep) test for the episode			
PQRI 110	Title: Preventive Care and Screening:	AMA-PCPI	http://www.cms.hh	Primary Care
	Influenza Immunization for Patients $\geq 50$	Contact Information:	s.gov/PQRI/20 Alt	
NQF 0041	Years Old	cpe@ama-assn.org	ernativeReportingM	
		1 3	echanisms.asp#Top	
	<b>Description:</b> Percentage of patients aged 50		OfPage	
	years and older who received an influenza			
	immunization during the flu season			
	(September through February)			
PQRI 197	Title: Coronary Artery Disease (CAD): Drug	AMA-PCPI		Cardiology,
i Qid iyi	Therapy for Lowering LDL-Cholesterol	Contact Information:		Primary Care
NQF 0074	Therapy for Lowering EDE Cholesteror	cpe@ama-assn.org		I minary care
1101 0071	<b>Description:</b> Percentage of patients aged 18			
	years and older with a diagnosis of CAD who			
	were prescribed a lipid-lowering therapy			
	(based on current ACC/AHA guidelines)			
NQF 0001	Title: Asthma assessment	AMA-PCPI		Pulmonology,
1101 0001	Title. Astrinia assessment	Contact Information:		Primary Care
	<b>Description:</b> Percentage of patients who	cpe@ama-assn.org		Tilliary Care
	were evaluated during at least one office visit	cpe(wama-assn.org		
	for the frequency (numeric) of daytime and			
NOE 0004	nocturnal asthma symptoms	NICOA		D.: C.
NQF 0004	Title: Initiation and Engagement of Alcohol	NCQA		Primary Care,
	and Other Drug Dependence Treatment: (a)	<b>Contact Information:</b>		Psychiatry
	Initiation, (b) Engagement	www.ncqa.org		
	<b>Description:</b> Percentage of adults aged 18			
	and over diagnosed with AOD abuse or			
	dependence and receiving a related service			
	who initiate treatment Assessment of the			
	degree to which members engage in			
	treatment with two additional AOD			
	treatments within 30 days after initiating			
	treatment.			
NQF 0024	Title: Body Mass Index (BMI) 2 through 18	National Initiative for		Pediatrics,
1101 0024	years of age	Children's Healthcare		Primary
	years or age	Quality		Care
	<b>Description:</b> Percentage children, 2 through	Contact Information:		Carc
	18 years of age, whose weight is classified	http://www.nichq.org/		
	based on BMI percentile for age and gender	intip.//www.inciiq.org/		
NQF 0032	Title: Cervical Cancer Screening	NCQA		Oncology,
1101 0032	Title: Gervicar Garicer Serectining	Contact Information:		Primary Care,
	<b>Description:</b> Percentage of women 18-64	www.ncqa.org		Obstetrics and
	years of age, who received one or more Pap	www.iicqa.org		Gynecology
	tests during the measurement year or the 2			Synccology
	years prior to the measurement year.			
NQF 0036	<b>Title:</b> Use of appropriate medications for	NCQA		Pulmonology,
1161 0020	people with asthma	Contact Information:		Primary
	People with addinia	www.ncqa.org		Care
	<b>Description:</b> Percentage of patients who	www.iicqa.org		Care
	were identified as having persistent asthma			
	during the measurement year and the year			
	prior to the measurement year and the year			
	phor to the measurement year and who were			1

	dispensed a		
	prescription for either an inhaled		
	corticosteroid or acceptable alternative		
	medication during the measurement year.		
NQF 0060	Title: Hemoglobin A1c test for pediatric	NCQA	Endocrinology,
11Q1 0000	_	Contact Information:	Pediatrics,
	patients		*
	Description Description Configuration	www.ncqa.org	Primary
	<b>Description:</b> Percentage of pediatric patients		Care
	with diabetes with a HBA1c test in a 12-		
27070405	month measurement period.	77004	2 1
NQF 0105	Title: New Episode of Depression: (a)	NCQA	Psychiatry,
	Optimal Practitioner Contacts for Medication	Contact Information:	Primary
	Management, (b) Effective Acute Phase	www.ncqa.org	Care
	Treatment, (c)Effective Continuation Phase		
	Treatment		
	<b>Description:</b> Percentage of patients who		
	were diagnosed with a new episode of		
	depression and treated with antidepressant		
	medication, and who had at least three		
	follow-up contacts with a		
	practitioner during the 84-day (12-week)		
	Acute Treatment		
	Phase b. Percentage of patients who were		
	diagnosed with a new episode of depression,		
	were treated with antidepressant medication		
	and remained on an antidepressant drug		
	during the entire 84-day Acute Treatment		
	Dhana a Dagantaga of mationto who were		
	Phase c. Percentage of patients who were		
	diagnosed with a new episode of depression		
	and treated with antidepressant medication		
	and who remained on an antidepressant drug		
NOTAGE	for at least 180 days.	1001	D 11 . 1
NQF 0106	Title: Diagnosis of attention deficit	ICSI	Pediatrics,
	hyperactivity disorder (ADHD) in primary	Contact Information:	Primary
	care for school age children and adolescents	http://www.icsi.org/	Care
	Description Description of a views and		
	<b>Description:</b> Percentage of patients newly		
	diagnosed with attention deficit hyperactivity		
	disorder (ADHD) whose medical record		
	contains documentation of Diagnostic and		
	Statistical Manual of Mental Disorders,		
	Fourth Edition (DSM-IV) or Diagnostic and		
	Statistical Manual for Primary Care (DSM-		
	PC)		
NOTAGE	criteria being addressed.	1001	D 11
NQF 0107	Title: Management of attention deficit	ICSI	Pediatrics,
	hyperactivity disorder (ADHD) in primary	Contact Information:	Primary
	care for school age children and adolescents	http://www.icsi.org/	Care
	Descriptions Descenters of rections		
	<b>Description:</b> Percentage of patients		<u> </u>

	diagnosed with attention deficit hyperactivity		
	disorder (ADHD) and on first-line		
	medication whose medical record contains		
	documentation of a		
	follow-up visit twice a year.		
NQF 0108	Title: ADHD: Follow-Up Care for Children	NCQA	Pediatrics,
	Prescribed Attention-Deficit/Hyperactivity	Contact Information:	Primary
	Disorder (ADHD) Medication.	www.ncqa.org	Care
	<b>Description:</b> a. Initiation Phase: Percentage		
	of children 6 – 12 years of age as of the Index		
	Prescription Episode Start Date with		
	an ambulatory prescription dispensed for and		
	ADHD medication and who had one follow-		
	up visit with a practitioner with prescribing		
	authority during the 30-Day Initiation		
	Phase b. Continuation and Maintenance		
	(C&M) Phase: Percentage of children 6 – 12		
	years of age as of the Index Prescription		
	Episode Start Date with an ambulatory		
	prescription dispensed for ADHD		
	medication who remained on the medication		
	for at least 210 days and who in addition to		
	the visit in the Initiation Phase had at least		
	two additional follow-up visits with a		
	practitioner within 270 days (9 months) after		
NOE 0110	the Initiation Phase ends.	Canada Cana O alid	D 1:
NQF 0110	<b>Title:</b> Bipolar Disorder and Major	Center for Quality	Psychiatry,
	Depression: Appraisal for alcohol or chemical substance use	Assessment and	Primary Care
	substance use	Improvement in Mental	Care
	<b>Description:</b> Percentage of patients with	Health	
	depression or bipolar disorder with evidence	Contact Information:	
	of an initial assessment that includes an	http://www.cqaimh.org	
	appraisal for alcohol or chemical substance	<u></u>	
	use	_	
Not	Title: Comprehensive Diabetes Care:		Pediatrics,
applicable	HbA1c Control (<8.0 percent)		Primary
	Description:		Care
NI-4	Description:		D. listois
Not	<b>Title:</b> Appropriate antibiotic use for ear		Pediatrics,
applicable	infections		Primary Care
	Description:		Carc
-			

# Appendix C — Specialty Measures (Measure Group: Pediatrics)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 66 NQF 0002	Title: Appropriate Testing for Children with Pharyngitis  Description: Percentage of children aged 2 through 18 years with a diagnosis of pharyngitis, who were prescribed an antibiotic and who received a group A streptococcus (strep) test for the episode	NCQA Contact Information: www.ncqa.org :		Pediatrics, Primary Care
NQF 0060	Title: Hemoglobin A1c test for pediatric patients  Description: Percentage of pediatric patients with diabetes with a HBA1c test in a 12-month measurement period.	NCQA Contact Information: www.ncqa.org		Endocrinology, Pediatrics, Primary Care
NQF 0106	Title: Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents  Description: Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.	ICSI Contact Information: http://www.icsi.org/		Pediatrics, Primary Care
NQF 0107	Title: Management of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents  Description: Percentage of patients diagnosed with attention deficit hyperactivity disorder (ADHD) and on first-line medication whose medical record contains documentation of a follow-up visit twice a year.	ICSI Contact Information: http://www.icsi.org/		Pediatrics, Primary Care

# Appendix C — Specialty Measures (Measure Group: Pediatrics)

NOTION	MILL ADID DIE VI C. C. C.	N100 A	D 1: :
NQF 0108	Title: ADHD: Follow-Up Care for Children	NCQA	Pediatrics,
	Prescribed Attention-Deficit/Hyperactivity	<b>Contact Information:</b>	Primary
	Disorder (ADHD) Medication.	www.ncqa.org	Care
	<b>Description:</b> a. Initiation Phase: Percentage		
	of children 6 – 12 years of age as of the Index		
	Prescription Episode Start Date with		
	an ambulatory prescription dispensed for and		
	ADHD medication and who had one follow-		
	up visit with a practitioner with prescribing		
	authority during the 30-Day Initiation		
	Di l Cada da Misa		
	Phase b. Continuation and Maintenance		
	(C&M) Phase: Percentage of children 6 – 12		
	years of age as of the Index Prescription		
	Episode Start Date with an ambulatory		
	prescription dispensed for ADHD medication who remained on the medication		
	for at least 210 days and who in addition to the visit in the Initiation Phase had at least		
	two additional follow-up visits with a		
	practitioner within 270 days (9 months) after		
	the Initiation Phase ends.		
NQF 0024	Title: Body Mass Index (BMI) 2 through 18	National Initiative for	Pediatrics,
1101 0021	years of age	Children's Healthcare	Primary
	years or age	Quality	Care
	<b>Description:</b> Percentage children, 2 through	Contact Information:	
	18 years of age, whose weight is classified	http://www.nichq.org/	
	based on BMI percentile for age and gender		
NQF 0026	Title: Measure pair - a. Tobacco use	Institute for Clinical	Pediatrics
	prevention for infants, children and	Systems Improvement	
	adolescents, b. Tobacco use cessation for	(ICSI)	
	infants, children and adolescents	Contact Information:	
		http://www.icsi.org/	
	<b>Description:</b> Percentage of patients' charts		
	showing either that there is no tobacco		
	use/exposure or (if a user) that the current		
	use		
	was documented at the most recent clinic		
	visit.		
	Percentage of patients with documented		
	tobacco use or exposure at the latest visit		
	who also have documentation that their		
	cessation interest was assessed or that they		
	received advice to quit.		

# Appendix C — Specialty Measures (Measure Group: Pediatrics)

NQF 0038	Title: Childhood Immunization Status	NCQA	Primary Care,
		<b>Contact Information:</b>	Pediatrics
	<b>Description:</b> Percentage of children 2 years	www.ncqa.org	
	of age who had four DtaP/DT, three IPV,		
	one MMR, three H influenza type B, three		
	hepatitis B, one chicken pox vaccine (VZV)		
	and four pneumococcal conjugate vaccines by		
	their second birthday. The measure calculates		
	a rate for each vaccine and two separate		
	combination rates		
Not	Title: Appropriate antibiotic use for ear		Pediatrics,
applicable	infections		Primary
			Care
	Description:		

#### Appendix C — Specialty Measures (Measure Group: Obstetrics and Gynecology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 112	Title: Preventive Care and Screening:	NCQA	http://www.cms.hh	Oncology,
	Screening Mammography	Contact Information:	s.gov/PQRI/20 Alt	Primary Care,
NQF 0031	Descriptions Description 140	www.ncqa.org	ernativeReportingM	Obstetrics and
	<b>Description:</b> Percentage of women aged 40 through 69 years who had a mammogram to		echanisms.asp#Top	Gynecology
	screen for breast cancer within 24 months		<u>OfPage</u>	
PQRI 128	Title: Preventive Care and Screening: Body	CMS/Quality Insights		Cardiology,
1 Q111 120	Mass Index (BMI) Screening and Follow-Up	of		Endocrinology,
NQF 0421		Pennsylvania (QIP)		Primary Care,
	<b>Description:</b> Percentage of patients aged 18	Contact Information:		Obstetrics and
	years and older with a calculated BMI in the	PQRI inquiry@cms.hhs		Gynecology
	past six months or during the current visit	<u>.gov</u>		
	documented in the medical record AND if			
	the most recent BMI is outside parameters, a			
	follow-up plan is documented Parameters:			
	Age 65 and older BMI ≥30 or <22 Age 18 –			
NIOE 0022	64 BMI ≥25 or <18.5	NICOA		0 1
NQF 0032	Title: Cervical Cancer Screening	NCQA Contact Information:		Oncology, Primary Care,
	<b>Description:</b> Percentage of women 18-64	www.ncqa.org		Obstetrics and
	years of age, who received one or more Pap	www.neqa.org		Gynecology
	tests during the measurement year or the 2			o yncoology
	years prior to the measurement year.			
NQF 0033	Title: Chlamydia screening in women	NCQA		Obstetrics and
		Contact Information:		Gynecology
	<b>Description:</b> Percentage of eligible women	www.ncqa.org		
	who were identified as sexually active who			
	had at least one test for chlamydia during the			
NOE 0474	measurement year. <b>Title:</b> Cesarean Rate for low-risk first birth	California Matana al		01
NQF 0471	women (aka NTSVCS rate)	California Maternal Quality Care		Obstetrics and Gynecology
	women (aka INTSVCS rate)	Collaborative		Gynecology
	<b>Description:</b> Percentage of low-risk first	(CMQCC)		
	birth women (aka NTSV CS rate: nulliparous,	Contact Information:		
	term, singleton, vertex) with a Cesarean rate	http://cmqcc.org/		
	that has the most variation among	1 1		
	practicioners, hospitals, regions and states.			
	Unlike other cesarean measures, it focuses			
	attention on the proportion of cesarean births			
	that is affected by elective medical practices			
	such as induction and early labor admission.			
	Furthermore, the success (or lack thereof) of			
	management of the first labor directly			
	impacts the remainder of the woman's			
	reproductive life (especially given the current high rate of repeat cesarean births).			
	ingii rate of repeat cesarean pirtns).			

#### Appendix C — Specialty Measures (Measure Group: Obstetrics and Gynecology)

NQF 0012	Title: Prenatal Screening for Human	AMA-PCPI	Obstetrics and
	Immunodeficiency Virus (HIV)	Contact Information:	Gynecology
		cpe@ama-assn.org	
	<b>Description:</b> Percentage of patients who		
	gave birth during a 12-month period who		
	were screened for HIV infection during the		
	first or second prenatal care visit		
NQF 0014	Title: Prenatal Anti-D Immune Globulin	AMA-PCPI	Obstetrics and
		Contact Information:	Gynecology
	<b>Description:</b> Percentage of D-negative,	cpe@ama-assn.org	
	unsensitized patients who gave birth during a		
	12-month period who received anti-D		
	immune globulin at 26-30 weeks gestation		
Not	Title: Hysterectomy rates		Obstetrics and
applicable	Description:		Gynecology
Not	Title: 30 Readmission Rate following		Obstetrics and
applicable	deliveries		Gynecology
	Description:		

# Appendix C — Specialty Measures (Measure Group: Neurology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 33	Title: Stroke and Stroke Rehabilitation:	AMA-PCPI/NCQA		Neurology
	Anticoagulant Therapy Prescribed for Atrial	Contact Information:		
NQF 0241	Fibrillation at Discharge	cpe@ama-assn.org		
		www.ncqa.org		
	Description: Percentage of patients aged 18			
	years and older with a diagnosis of ischemic			
	stroke or transient ischemic attack (TIA) with			
	documented permanent, persistent, or			
	paroxysmal atrial fibrillation who were			
	prescribed an anticoagulant at discharge			
PQRI 201	Title: Ischemic Vascular Disease (IVD):	NCQA		Neurology
	Blood Pressure Management Control	Contact Information:		
NQF 0073		www.ncqa.org		
,	<b>Description:</b> Percentage of patients aged 18			
	years and older with Ischemic Vascular			
	Disease (IVD) who had most recent blood			
	pressure in control (less than 140/90 mmHg)			
PQRI 202	Title: Ischemic Vascular Disease (IVD):	NCQA		Primary Care,
	Complete Lipid Profile	Contact Information:		Neurology
NQF 0075		www.ncqa.org		
	<b>Description:</b> Percentage of patients aged 18			
	years and older with Ischemic Vascular			
	Disease (IVD) who received at least one lipid			
	profile within 12 months			
PQRI 203	Title: Ischemic Vascular Disease (IVD): Low	NCQA		Primary Care,
	Density Lipoprotein (LDL–C) Control	Contact Information:		Neurology
NQF 0075		www.ncqa.org		
	<b>Description:</b> Percentage of patients aged 18			
	years and older with Ischemic Vascular			
	Disease (IVD) who had most recent LDL-C			
	level in control (less than 100 mg/dl)			
PQRI 204	Title: Ischemic Vascular Disease (IVD): Use	NCQA		Cardiology,
	of Aspirin or Another Antithrombotic	Contact Information:		Endocrinology,
NQF 0068		www.ncqa.org		Primary Care,
	<b>Description:</b> Percentage of patients aged 18			Neurology
	years and older with Ischemic Vascular			
	Disease (IVD) with documented use of			
	aspirin or other antithrombotic			

# Appendix C — Specialty Measures (Measure Group: Psychiatry)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 9	Title: Major Depressive Disorder (MDD):	NCQA		Psychiatry
NQF 0105	Antidepressant Medication During Acute Phase for Patients with MDD	Contact Information: www.ncqa.org		
	<b>Description:</b> Percentage of patients aged 18 years and older diagnosed with new episode of MDD and documented as treated with antidepressant medication during the entire 84-day (12-week) acute treatment phase			
PQRI 106	Title: Major Depressive Disorder (MDD):	AMA-PCPI		Psychiatry
NIOE 0102	Diagnostic Evaluation	Contact Information:		
NQF 0103	Description: Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met them DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period  Title: Major Depressive Disorder (MDD):	cpe@ama-assn.org		Psychiatry
PQKI 107	Suicide Risk Assessment	Contact Information:		rsycmatry
NQF 0104	<b>Description:</b> Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period	cpe@ama-assn.org		
NQF 0004	<b>Title:</b> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	NCQA Contact Information: www.ncqa.org		Primary Care, Psychiatry
	<b>Description:</b> Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.			

# Appendix C — Specialty Measures (Measure Group: Psychiatry)

NQF 0105	Title: New Episode of Depression: (a) Optimal Practitioner Contacts for Medication Management, (b) Effective Acute Phase Treatment, (c)Effective Continuation Phase Treatment  Description: Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication, and who had at least three follow-up contacts with a practitioner during the 84-day (12-week) Acute Treatment  Phase b. Percentage of patients who were diagnosed with a new episode of depression, were treated with antidepressant medication and remained on an antidepressant drug during the entire 84-day Acute Treatment  Phase c. Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and treated with antidepressant medication and treated with antidepressant medication and who remained on an antidepressant drug	NCQA Contact Information: www.ncqa.org	Psychiatry, Primary Care
NQF 0110	for at least 180 days.  Title: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Center for Quality Assessment and Improvement in	Psychiatry, Primary Care
	Description: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	Mental Health Contact Information: <a href="http://www.cqaimh.org">http://www.cqaimh.org</a>	Care

# Appendix C — Specialty Measures (Measure Group: Ophthalmology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 12	<b>Title:</b> Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	AMA-PCPI/NCQA Contact Information:		Ophthalmology
NQF 0086	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months	cpe@ama-assn.org www.ncqa.org		
PQRI 18	<b>Title:</b> Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema	AMA-PCPI/NCQA Contact Information:		Ophthalmology
NQF 0088	and Level of Severity of Retinopathy	cpe@ama-assn.org www.ncqa.org		
	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic			
	retinopathy who had a dilated macular or fundus exam performed which included			
	documentation of the level of severity of retinopathy and the presence or absence of			
	macular edema during one or more office visits within 12 months			
PQRI 19	Title: Diabetic Retinopathy: Communication	AMA-PCPI/NCQA		Ophthalmology
NQF 0089	with the Physician Managing On-going Diabetes Care	Contact Information:  cpe@ama-assn.org www.ncqa.org		
	Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months			

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 127	<b>Title:</b> Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention – Evaluation of	American Podiatric Medical Association		Podiatry
NQF 0416	Footwear	(APMA) Contact Information:		
	<b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing	http://www.apma.org/		
PQRI 163	Title: Diabetes Mellitus: Foot Exam	NCQA Contact Information:		Podiatry
NQF 0056	<b>Description:</b> The percentage of patients aged 18 through 75 years with diabetes who had a foot examination	www.ncqa.org		
NQF 0519	Title: Diabetic Foot Care and Patient Education Implemented  Description: Percent of diabetic patients for whom physician ordered monitoring for the presence of skin lesions on the lower extremities and patient education on proper foot care were implemented during their episode of care	CMS Contact Information: http://www.cms.hhs.go v/		Podiatry

# Appendix C — Specialty Measures (Measure Group: Radiology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 10	Title: Stroke and Stroke Rehabilitation:	AMA-PCPI/NCQA		Radiology
NQF 0246	Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	Contact Information:  cpe@ama-assn.org www.ncqa.org		
	Description: Percentage of final reports for CT or MRI studies of the brain performed within 24 hours of arrival to the hospital for patients aged 18 years and older with either a diagnosis of ischemic stroke or transient ischemic attack (TIA) or intracranial hemorrhage or at least one documented symptom consistent with ischemic stroke or TIA or intracranial hemorrhage that includes documentation of the presence or absence or			
	each of the following: hemorrhage and mass lesion and acute infarction			
PQRI 195	Title: Stenosis Measurement in Carotid Imaging Reports	AMA-PCPI/NCQA Contact Information:		Radiology
NQF 0507		cpe@ama-assn.org		
	Description: Percentage of final reports for carotid imaging studies (neck MR angiography [MRA], neck CT angiography [CTA], neck duplex ultrasound, carotid angiogram) performed for patients aged 18 years and older with the diagnosis of ischemic stroke or transient ischemic attack (TIA) that include direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement	www.ncqa.org		
PQRI 145	<b>Title:</b> Radiology: Exposure Time Reported for Procedures Using Fluoroscopy	AMA-PCPI/NCQA Contact Information:		Radiology
NQF 0510	Description: Percentage of final reports for procedures using fluoroscopy that include documentation of radiation exposure or exposure time	cpe@ama-assn.org www.ncqa.org		
PQRI 146	Title: Radiology: Inappropriate Use of	AMA-PCPI/NCQA		Radiology
NQF 0508	"Probably Benign" Assessment Category in Mammography Screening	Contact Information: cpe@ama-assn.org www.ncqa.org		
	<b>Description:</b> Percentage of final reports for screening mammograms that are classified as "probably benign"	1		

# Appendix C — Specialty Measures (Measure Group: Radiology)

PQRI 147	Title: Nuclear Medicine: Correlation with	AMA-PCPI	Radiology
	Existing Imaging Studies for All Patients	<b>Contact Information:</b>	
NQF 0511	Undergoing Bone Scintigraphy	cpe@ama-assn.org	
	<b>Description:</b> Percentage of final reports for		
	all patients, regardless of age, undergoing		
	bone scintigraphy that include physician		
	documentation of correlation with existing		
	relevant imaging studies (e.g., x-ray, MRI, CT,		
	etc.) that were performed		
NQF 0052	<b>Title:</b> Low back pain: use of imaging studies	NCQA	Primary Care,
		<b>Contact Information:</b>	Radiology
	<b>Description:</b> Percentage of patients with	www.ncqa.org	
	new low back pain who received an imaging		
	study (plain x-ray, MRI, CT scan) conducted		
	on the episode start date or in the 28 days		
	following		
	the episode start date.		
NQF 0513	Title: Use of Contrast: Thorax CT	CMS	 Radiology
		<b>Contact Information:</b>	
	<b>Description:</b> Thorax CT – Use of combined	http://www.cms.hhs.go	
	studies (with and without contrast)	<u>v/</u>	

# Appendix C — Specialty Measures (Measure Group: Gastroenterology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 86 NQF 0397	Title: Hepatitis C: Antiviral Treatment Prescribed  Description: Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who were prescribed peginterferon and ribavirin therapy within the 12-month reporting period	AMA-PCPI Contact Information: cpe@ama-assn.org		Gastroenterology
PQRI 89 NQF 0401	Title: Hepatitis C: Counseling Regarding Risk of Alcohol Consumption  Description: Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who were counseled about the risks of alcohol use at least once within the 12-month reporting period	AMA-PCPI Contact Information: cpe@ama-assn.org		Gastroenterology
PQRI 113 NQF 0034	Title: Preventive Care and Screening: Colorectal Cancer Screening  Description: Percentage of patients aged 50 through 80 years who received the appropriate colorectal cancer screening	NCQA Contact Information: www.ncqa.org	http://www.cms.hh s.gov/PQRI/20 Alt ernativeReportingM echanisms.asp#Top OfPage	Oncology, Primary Care, Gastroenterology
PQRI 183 NQF 0399	Title: Hepatitis C: Hepatitis A Vaccination in Patients with HCV  Description: Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis A vaccine, or who have documented immunity to hepatitis A	AMA-PCPI Contact Information: cpe@ama-assn.org		Gastroenterology
PQRI 184 NQF 0400	Title: Hepatitis C: Hepatitis B Vaccination in Patients with HCV  Description: Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B	AMA-PCPI Contact Information: cpe@ama-assn.org		Gastroenterology

# Appendix C — Specialty Measures (Measure Group: Gastroenterology)

PQRI 185	Title: Endoscopy & Polyp Surveillance:	AMA-PCPI/NCQA	Gastroenterology
	Colonoscopy Interval for Patients with a	Contact Information:	
AQA	History of Adenomatous Polyps – Avoidance	cpe@ama-assn.org	
adopted	of Inappropriate Use	www.ncqa.org	
	<b>Description:</b> Percentage of patients aged 18 years and older receiving a surveillance colonoscopy and a history of colonic polyp(s) in a previous colonoscopy, who had a follow-up interval of 3 or more years since their last colonoscopy documented in the colonoscopy report		

# Appendix C — Specialty Measures (Measure Group: Nephrology)

Measure Number	Clinical Quality Measure Title & Description	Clinical Measure Developer & Contact Information	Electronic Measure Specifications Information	Core/Specialty Measure Group
PQRI 81	<b>Title:</b> End Stage Renal Disease (ESRD): Plan of Care for Inadequate Hemodialysis in	AMA-PCPI Contact Information:		Nephrology
NQF 0323	ESRD Patients	cpe@ama-assn.org		
	<b>Description:</b> Percentage of calendar months during the 12-month reporting period in			
	which patients aged 18 years and older with a			
	diagnosis of ESRD receiving hemodialysis have a $Kt/V \ge 1.2$ OR patients who have a			
	Kt/V < 1.2 with a documented plan of care			
PQRI 82	for inadequate hemodialysis <b>Title:</b> End Stage Renal Disease (ESRD): Plan	AMA-PCPI		Nephrology
	of Care for Inadequate Peritoneal Dialysis	Contact Information:		repinology
NQF 0321	<b>Description:</b> Percentage of patients aged 18	cpe@ama-assn.org		
	years and older with a diagnosis of ESRD			
	receiving peritoneal dialysis who have a Kt/V			
	$\geq$ 1.7 OR patients who have a Kt/V < 1.7 with a			
	documented plan of care for inadequate			
	peritoneal dialysis at least three times (every 4 months) during the 12-month reporting			
	period			
PQRI 121	<b>Title:</b> Chronic Kidney Disease (CKD): Laboratory Testing (Calcium, Phosphorus,	AMA-PCPI Contact Information:		Nephrology
Ambulatory	Intact Parathyroid Hormone (iPTH) and	cpe@ama-assn.org		
Quality Alliance	Lipid Profile)			
(AQA)	<b>Description:</b> Percentage of patients aged 18			
adopted	years and older with a diagnosis of advanced CKD (stage 4 or 5, not receiving Renal			
	Replacement Therapy [RRT]), who had the			
	following laboratory testing ordered within 12 months: serum levels of calcium, phosphorus			
	and intact PTH, and lipid profile			
PQRI 122	Title: Chronic Kidney Disease (CKD): Blood	AMA-PCPI		Nephrology
AQA	Pressure Management	Contact Information:  cpe@ama-assn.org		
adopted	<b>Description:</b> Percentage of patient visits for	-		
	patients aged 18 years and older with a diagnosis of advanced CKD (stage 4 or 5, not			
	receiving Renal Replacement Therapy [RRT]),			
	with a blood pressure < 130/80 mmHg OR			
	blood pressure ≥ 130/80 mmHg with a documented plan of care			

# Appendix C — Specialty Measures (Measure Group: Nephrology)

PQRI 123	Title: Chronic Kidney Disease (CKD): Plan	AMA-PCPI	Nephrology
	of Care – Elevated Hemoglobin for Patients	Contact Information:	
AQA	Receiving Erythropoiesis-Stimulating Agents	cpe@ama-assn.org	
adopted	(ESA)		
	<b>Description:</b> Percentage of calendar months		
	during the 12-month reporting period in		
	which patients aged 18 years and older with a		
	diagnosis of advanced CKD (stage 4 or 5, not		
	receiving Renal Replacement Therapy [RRT]),		
	receiving ESA therapy, have a hemoglobin <		
	13 g/dL OR patients whose hemoglobin is ≥		
	13 g/dL and have a documented plan of care		
PQRI 153	Title: Chronic Kidney Disease (CKD):	AMA-PCPI	Nephrology
	Referral for Arteriovenous (AV) Fistula	Contact Information:	
AQA		cpe@ama-assn.org	
adopted	<b>Description:</b> Percentage of patients aged 18		
	years and older with the diagnosis of		
	advanced CKD (stage 4 or 5, not receiving		
	Renal Replacement Therapy [RRT]), who		
	were referred for AV fistula at least once		
	during the 12-month reporting period		

Measure Number	Measure Title, Description & Measure Developer	Electronic Measure Specifications
Identifier	Measure Title, Description & Measure Developer	Information
ED-1	Title: Emergency Department Throughput – admitted patients Median	http://www.hitsp.org/
NQF 0495	time from ED arrival to ED departure for admitted patients	ConstructSet_Details.a spx?&PrefixAlpha=5
	<b>Description:</b> Median time from emergency department arrival to time of	&PrefixNumeric=906
	departure from the emergency room for patients admitted to the facility from the emergency department	
	<b>Measure Developer:</b> CMS/Oklahoma Foundation for Medical Quality (OFMQC)	
ED-2	Title: Emergency Department Throughput – admitted patients Admission	http://www.hitsp.org/
N. O. F. O. 40 =	decision time to ED departure time for admitted patients	ConstructSet_Details.a
NQF 0497	<b>Description:</b> Median time from admit decision time to time of departure	spx?&PrefixAlpha=5
	from the emergency department of emergency department patients admitted to inpatient status	&PrefixNumeric=906
	Measure Developer: CMS/OFMQ	
ED-3	<b>Title:</b> Emergency Department Throughput – discharged patients Median	
	Time from ED Arrival to ED Departure for Discharged ED Patients	
NQF 0496		
	<b>Description:</b> Median Time from ED arrival to time of departure from the ED for patients discharged from the ED	
	Measure Developer: CMS/OFMQ	
Stroke-2	Title: Ischemic stroke – Discharge on anti-thrombotics	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0435	<b>Description:</b> Ischemic stroke patients prescribed antithrombotic therapy	spx?&PrefixAlpha=5
	at hospital discharge	&PrefixNumeric=906
	Measure Developer: The Joint Commission	
Stroke-3	Title: Ischemic stroke – Anticoagulation for A-fib/flutter	http://www.hitsp.org/
	Times of the state	ConstructSet_Details.a
NQF 0436	<b>Description</b> : Ischemic stroke patients with atrial fibrillation/flutter who	spx?&PrefixAlpha=5
	are prescribed anticoagulation therapy at hospital discharge.	&PrefixNumeric=906
	Measure Developer: The Joint Commission	
Stroke-4	<b>Title:</b> Ischemic stroke – Thrombolytic therapy for patients arriving within	http://www.hitsp.org/
	2 hours of symptom onset	ConstructSet_Details.a
NQF 0437		spx?&PrefixAlpha=5
	<b>Description:</b> Acute ischemic stroke patients who arrive at this hospital	&PrefixNumeric=906
	within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.	
	initiated at this hospital within 3 hours of thire last known wen.	
	Measure Developer: The Joint Commission	
Stroke-5	<b>Title:</b> Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2	http://www.hitsp.org/
NOTORO		ConstructSet_Details.a
NQF 0438	<b>Description:</b> Ischemic stroke patients administered antithrombotic	spx?&PrefixAlpha=5
	therapy by the end of hospital day 2.	&PrefixNumeric=906
	Measure Developer: The Joint Commission	
	1	l .

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
Stroke-6	<b>Title:</b> Ischemic stroke – Discharge on statins	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0439	<b>Description:</b> Ischemic stroke patients with LDL > 100 mg/dL, or LDL	spx?&PrefixAlpha=5
	not measured, or, who were on a lipid-lowering medication prior to	&PrefixNumeric=906
	hospital arrival are prescribed statin medication at hospital discharge.	
	Measure Developer: The Joint Commission	
Stroke-8	Title: Ischemic or hemorrhagic stroke – Stroke education	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0440	<b>Description:</b> Ischemic or hemorrhagic stroke patients or their caregivers	spx?&PrefixAlpha=5
	who were given educational materials during the hospital stay addressing	&PrefixNumeric=906
	all of the following: activation of emergency medical system, need for	
	follow-up after discharge, medications prescribed at discharge, risk factors	
	for stroke, and warning signs and symptoms of stroke.	
	Measure Developer: The Joint Commission	
Stroke-10	Title: Ischemic or hemorrhagic stroke – Rehabilitation assessment	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0441	<b>Description:</b> Ischemic or hemorrhagic stroke patients who were assessed	spx?&PrefixAlpha=5
	for rehabilitation services.	&PrefixNumeric=906
	Measure Developer: The Joint Commission	
VTE-1	Title: VTE prophylaxis within 24 hours of arrival	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0371	<b>Description:</b> This measure assesses the number of patients who received	spx?&PrefixAlpha=5
	VTE prophylaxis or have documentation why no VTE prophylaxis was	&PrefixNumeric=906
	given the day of or the day after hospital admission or surgery end date for	
	surgeries that start the day of or the day after hospital admission.	
	Measure Developer: The Joint Commission	
VTE-2	Title: ICU VTE prophylaxis	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0372	<b>Description:</b> This measure assesses the number of patients who received	spx?&PrefixAlpha=5
-	VTE prophylaxis or have documentation why no VTE prophylaxis was	&PrefixNumeric=906
	given the day of or the day after the initial admission (or transfer) to the	
	Intensive Care Unit (ICU) or surgery end date for surgeries that start the	
	day of or the day after ICU admission (or transfer).	
	Measure Developer: The Joint Commission	

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
VTE-3	Title: Anticoagulation overlap therapy	http://www.hitsp.org/ ConstructSet_Details.a
NQF 0373	<b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) $\geq$ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.	spx?&PrefixAlpha=5 &PrefixNumeric=906
VTE-4	Measure Developer: The Joint Commission  Title: Platelet monitoring on unfractionated heparin	http://www.hitsp.org/
NQF 0374	Description: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.	ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
	Measure Developer: The Joint Commission	
VTE-5 NQF 0375	Title: VTE discharge instructions  Description: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
	Measure Developer: The Joint Commission	
VTE-6 NQF 0376	Title: Incidence of potentially preventable VTE  Description: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.	http://www.hitsp.org/ ConstructSet_Details.a spx?&PrefixAlpha=5 &PrefixNumeric=906
	Measure Developer: The Joint Commission	
RHQDAPU AMI-8a	<b>Title:</b> Primary PCI Received Within 90 Minutes of Hospital Arrival	
NQF 0163	<b>Description:</b> Acute myocardial infarction (AMI) patients with ST-segment elevation or LBBB on the ECG closest to arrival time receiving primary PCI during the hospital stay with a time from hospital arrival to PCI of 90 minutes or less	
	Measure Developer: CMS/OFMQ	

RIQDAPU RNQF 0148  Description: Pneumonia patients whose initial emergency Department Prior to Initial Antibiotic Received in Hospital  NQF 0148  Description: Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirn at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular systolic LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-EAD  Measure Developer: CMS/OFMQ  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  RHQDAPU Title: Redspiral Specific 30 day Rate following AMI admission  Redspilcable Readmission Rate following Heart Failure admission  Readmission Rate following Heart Failure admission  RHQDAPU Title: Redspiral Specific 30 day Rate following Heart Failure admission  RHQDAPU Title: Redspiral Specific 30 day Rate following Heart Failure admission  RHQDAPU Title: Redspiral Specific 30 day Rate following Heart Failure admission  RHQDAPU Title: Redspiral Specific 30 day Rate following Heart Failure admission  RHQDAPU Title: Redspiral Specific 30 d	Measure		Electronic Measure
RHQDAPU PN-3b  Title: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital  Description: Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-3  Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular systolic (LVSD) (LVSD) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge.  Measure Developer: CMS/OFMQ  RHQDAPU Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Sebes-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Sebescription: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  Most applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title: Rebescription: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  RHQDAPU Title: ADescription: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  RHQDAPU Title: ADescription: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title: ADescription: Hospital Specific 30 day Risk	Number Identifier	Measure Title, Description & Measure Developer	Specifications Information
PN-3b  Initial Antibiotic Received in Hospital  Description: Pneumonia patients whose initial emergency room blood culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU  AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU  RHQDAPU  Title: Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular systolic (LVS) standardocumentation of a left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU  Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU  Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU  Title: Beta-Blocker prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU  Title: Abescription: Hospital Specific 30 day Risk-Standardized  Readmission Rate following AMI admission  RIGOAPU  Title: Abescription: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Title: Abescription: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  Title: Bospital Specific 30 day Rate following Heart Failure admission  Title: Abescription: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Bospital Specific 30 day Rate following Heart Failure admiss		<b>Title:</b> Blood Cultures Performed in the Emergency Department Prior to	
culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-3  Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505  Measure Developer: CMS  Mot applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  Measure Developer: CMS/OFMQ  Title Hospital Specific 30 day Rate following Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Title Bospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized	PN-3b		
culture specimen was collected prior to first hospital dose of antibiotics. This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-3  Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505  Measure Developer: CMS  Mot applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  Measure Developer: CMS/OFMQ  Title Hospital Specific 30 day Rate following Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Title Bospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized	27070440		
This measure focuses on the treatment provided to Emergency Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-2 Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-3 Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVSF) less than 40% or a narrative description of left ventricular systolic (LVSF) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5 Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-6 RHQDAPU Title: Beta-Blocker Prescribed at Discharge  Measure Developer: CMS/OFMQ  RHQDAPU Title: Abescription: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505 Measure Developer: CMS Not applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  NQF 0330 Measure Developer: CMS/OFMQ Title & Description: Hospital Specific 30 day Risk-Standardized RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  NQF 0330 Measure Developer: CMS/OFMQ Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized	NQF 0148		
Department patients prior to admission orders.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-3  Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed at betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-8  RHQDAPU AMI-8  RHQDAPU AMI-8  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  RHQDAPU Title &Description: CMS/OFMQ  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized			
Measure Developer: CMS/OFMQ  RHQDAPU AMI-2  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-3  Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEI) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-READ  RHQDAPU AMI-READ  Readmission Rate following AMI admission  NQF 0505  Measure Developer: CMS  Not applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Title & Description: Hospital Specific 30 day Risk-Standardized  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized			
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AMI-2  NQF 0142  Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge  Measure Developer: CMS/OFMQ  Title: Angiotensin Converting Enzyme Inhibitor(ACEI) or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU  AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU  RHQDAPU  Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505  Measure Developer: CMS  Not applicable  Title: Hospital Specific 30 day Rate following AMI admission  Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  MQF 0330  Measure Developer: CMS/OFMQ  Not applicable  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title & Description: Hospital Specific 30 day Risk-Standardized  RHQDAPU  Title &Description: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  Mot applicable  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title & Description: Hospital Specific 30 day Risk-Standardized			
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Measure Developer: CMS/OFMQ  RHQDAPU AMI-3  Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)  NQF 0137  Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed at Discharge  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-READ  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505  Measure Developer: CMS  Not applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Heart Failure admission  Measure Developer: CMS/OFMQ  Title &Description: Hospital Specific 30 day Risk-Standardized Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Heart Failure admission  Measure Developer: CMS/OFMQ  Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized  Title: Hospital Specific 30 day Rate following Heart Failure admission	AM1-2	Description Assets were alleling with a (AMI) and only	
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Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU AMI-READ  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505  Measure Developer: CMS  Not applicable Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission	AMI-3	Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction	
Description: Acute myocardial infarction (AMI) patients with left ventricular systolic dysfunction (LVSD) who are prescribed an ACEI or ARB at hospital discharge. For purpose of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ RHQDAPU AMI-5 Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ RHQDAPU AMI-READ RHQDAPU Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  NQF 0505 Measure Developer: CMS Not applicable Title: Hospital Specific 30 day Rate following AMI admission  NQF 0330 Measure Developer: CMS/OFMQ  Title: Hospital Specific 30 day Rate following Heart Failure admission  NQF 0330 Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Description: Hospital Specific 30 day Risk-Standardized		(LVSD)	
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ARB at hospital discharge. For purposes of this measure, LVSD is defined as chart documentation of a left ventricular ejection fraction (LVEF) less than 40% or a narrative description of left ventricular systolic (LVS) function consistent with moderate or severe systolic dysfunction.  Measure Developer: CMS/OFMQ  RHQDAPU AMI-5  Description: Acute myocardial infarction (AMI) patients who are prescribed a betablocker at hospital discharge  Measure Developer: CMS/OFMQ  RHQDAPU RHQDAPU RHQDAPU RHQDAPU RHQDAPU Readmission Rate following AMI admission  NQF 0505 Measure Developer: CMS  Title: Hospital Specific 30 day Rate following AMI admission  RHQDAPU Readmission Rate following Heart Failure admission  MQF 0330 Measure Developer: CMS/OFMQ  Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  Title & Description: Hospital Specific 30 day Risk-Standardized  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title & Description: Hospital Specific 30 day Risk-Standardized		` ' ' ' ' '	
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RHQDAPU AMI-READ  Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following AMI admission  MQF 0505  Measure Developer: CMS  Not applicable RHQDAPU Title: Hospital Specific 30 day Rate following AMI admission  Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  NQF 0330  Measure Developer: CMS/OFMQ  Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  Title & Description: Hospital Specific 30 day Risk-Standardized  Title & Description: Hospital Specific 30 day Risk-Standardized		Measure Developer: CMS/OFMQ	
NQF 0505  Measure Developer: CMS  Not applicable  RHQDAPU  HF-READ  NOT applicable  NOF 0330  NOF 0330  NOT applicable  Title: Hospital Specific 30 day Risk-Standardized  Readmission Rate following Heart Failure admission  NOF 0330  Measure Developer: CMS/OFMQ  Not applicable  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title: Hospital Specific 30 day Rate following Heart Failure admission  Title & Description: Hospital Specific 30 day Risk-Standardized	RHQDAPU	Title &Description: Hospital Specific 30 day Risk-Standardized	
Not applicable RHQDAPU Title &Description: Hospital Specific 30 day Rate following AMI admission RHCDAPU HF-READ Readmission Rate following Heart Failure admission  NQF 0330 Measure Developer: CMS/OFMQ Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized	AMI-READ	Readmission Rate following AMI admission	
Not applicable RHQDAPU Title &Description: Hospital Specific 30 day Rate following AMI admission RHCDAPU HF-READ Readmission Rate following Heart Failure admission  NQF 0330 Measure Developer: CMS/OFMQ Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized	NOF 0505	Measure Developer: CMS	
RHQDAPU HF-READ Title &Description: Hospital Specific 30 day Risk-Standardized Readmission Rate following Heart Failure admission  MQF 0330 Measure Developer: CMS/OFMQ Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized		*	
HF-READ Readmission Rate following Heart Failure admission  NQF 0330 Measure Developer: CMS/OFMQ  Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized			
NQF 0330  Measure Developer: CMS/OFMQ  Not applicable  Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU  Title & Description: Hospital Specific 30 day Risk-Standardized	HF-READ		
Not applicable Title: Hospital Specific 30 day Rate following Heart Failure admission  RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized			
RHQDAPU Title & Description: Hospital Specific 30 day Risk-Standardized	NQF 0330		
	Not applicable		
	RHQDAPU		
PNE-READ Readmission Rate following Pneumonia admission	PNE-READ	Readmission Rate following Pneumonia admission	
NQF 0506 Measure Developer: CMS	NQF 0506	Measure Developer: CMS	
	Not applicable	^	

Measure Number Identifier	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
NQF 0528	<b>Title:</b> Infection SCIP Inf-2 Prophylactic antibiotics consistent with current recommendations	
	<b>Description:</b> Surgical patients who received prophylactic antibiotics consistent with current guidelines (specific to each type of surgical procedure).	
	Measure Developer: CMS/OFMQ	
NQF 0302	Title: Ventilator Bundle	
	<b>Description:</b> Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are:  •Head of bed (HOB) elevation 30 degrees or greater (unless medically contraindicated); noted on 2 different shifts within a 24 hour period •Daily "sedation interruption" and daily assessment of readiness to extubate; process includes interrupting sedation until patient follow commands and patient is assessed for discontinuation of mechanical ventilation; Parameters of discontinuation include: resolution of reason for intubation; inspired oxygen content roughly 40%; assessment of patients ability to defend airway after extubation due to heavy sedation; minute ventilation less than equal to 15 liters/minute; and respiratory rate/tidal volume less than or equal to 105/min/L(RR/TV< 105)•SUD (peptic ulcer disease) prophylaxis DVT (deep venous thrombosis) prophylaxis  Measure Developer: IHI	
NQF 0298	Title: Central Line Bundle Compliance	
	<b>Description:</b> Percentage of intensive care patients with central lines for whom all elements of the central line bundle are documented and in place. The central line bundle elements include: Hand hygiene, Maximal barrier precautions upon insertion Chlorhexidine skin antisepsis Optimal catheter site selection, with subclavian vein as the preferred site for nontunneled catheters in patients 18 years and older Daily review of line necessity with prompt removal of unnecessary lines	
	Measure Developer: IHI	
NQF 0140	<b>Title:</b> Ventilator-associated pneumonia for ICU and high-risk nursery (HRN) patients	
	<b>Description:</b> Percentage of ICU and HRN patients who over a certain amount of days have ventilator-associated pneumonia	
	Measure Developer: CDC	

Measure Number	Manage Title Description & Manage Description	Electronic Measure Specifications
Identifier	Measure Title, Description & Measure Developer	Information
NQF 0138	<b>Title:</b> Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients	
	<b>Description:</b> Percentage of intensive care unit patients with urinary catheter-associated urinary tract infections	
	Measure Developer: CDC	
NQF 0139	<b>Title:</b> Central line catheter-associated blood stream infection rate for ICU and high-risk nursery (HRN) patients	
	<b>Description:</b> Percentage of ICU and high-risk nursery patients, who over a certain amount of days acquired a central line catheter-associated blood stream infections over a specified amount of line-days	
	Measure Developer: CDC	
NQF 0329	Title: All-Cause Readmission Index (risk adjusted)	
	<b>Description:</b> Overall inpatient 30-day hospital readmission rate.	
	Measure Developer: United Health Group	
Not applicable	Title: All-Cause Readmission Index	
	<b>Description:</b> Overall inpatient 30-day hospital readmission rate.	

## Appendix E — Proposed Alternative Medicaid Clinical Quality Measures For Medicaid Eligible Hospitals

NQF#	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
0341	Title: PICU Pain Assessment on Admission	
	Description: Percentage of PICU patients receiving: a. Pain assessment on admission b. Periodic pain assessment.	
	Measure Developer: Vermont Oxford Network	
0348	<b>Title:</b> Iotrogenic pneumothorax in non-neonates (pediatric up to 17 years of age)	
	<b>Description:</b> Percent of medical and surgical discharges, age under 18 years, with ICD-9-CM code of iatrogenic pneumothorax in any secondary diagnosis field.	
	Measure Developer: AHRQ	
0362	Title: Foreign body left after procedure, age under 18 years	
	<b>Description:</b> Discharges with foreign body accidentally left in during procedure per 1,000 discharges	
	Measure Developer: AHRQ	
0151	Title: Pneumonia Care PNE-5c Antibiotic  Description: Percentage of pneumonia patients 18 years of age and older who receive their first dose of antibiotics within 6 hours after arrival at the hospital  Measure Developer: CMS/OFMQ	
0147	Title: Pneumonia Care PN-6 Antibiotic selection	
	<b>Description:</b> Percentage of pneumonia patients 18 years of age or older selected for initial receipts of antibiotics for community-acquired pneumonia (CAP).	
	Measure Developer: CMS/OFMQ	
0356	Title: Pneumonia Care PN-3a Blood culture  Description: Percent of pneumonia patients, age 18 years or older, transferred or admitted to the ICU within 24 hours of hospital arrival who had blood cultures performed within 24 hours prior to or 24 hours after arrival at the hospital.  Measure Developer: CMS/OFMQ	

## Appendix E — Proposed Alternative Medicaid Clinical Quality Measures For Medicaid Eligible Hospitals

NQF#	Measure Title, Description & Measure Developer	Electronic Measure Specifications Information
0527	<b>Title:</b> Infection SCIP Inf-1 Prophylactic antibiotic received within 1 hour prior to surgical incision <b>Description:</b> Surgical patients with prophylactic antibiotics initiated within 1 hour prior to surgical incision. Patients who received vancomycin or a fluoroquinolone for prophylactic antibiotics should have the antibiotics initiated within 2 hours prior to surgical incision. Due to the longer infusion time required for vancomycin or a fluoroquinolone, it is acceptable to start these antibiotics within 2 hours prior to incision time.	
	Measure Developer: CMS/OFMQ	
0529	<b>Title:</b> Infection SCIP Inf-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time	
	Description: Surgical patients whose prophylactic antibiotics were discontinued within 24 hours after <i>Anesthesia End Time</i> .  Measure Developer: CMS/OFMQ	

Proposed	Certification Criteria to	Certification Criteria to	
Meaningful	Support the Achievement of	Support the Achievement of	
Use Stage 1	Meaningful Use Stage 1 by	Meaningful Use Stage 1 by	
Objectives	Eligible Professionals	Eligible Hospital	
,	A Complete EHR or EHR Module 1		
Use Computerized	Enable a user to electronically	Enable a user to electronically	
Provider Order Entry	record, store, retrieve, and manage,	record, store, retrieve, and manage,	
(CPOE) <sup>9</sup>	at a minimum, the following order	at a minimum, the following order	
( )	types:	types:	
	1. Medications;	1. Medications;	
	2. Laboratory;	2. Laboratory;	
	3. Radiology/imaging; and	3. Radiology/imaging;	
	4. Provider referrals.	4. Blood bank;	
		5. Physical therapy;	
		6. Occupational therapy;	
		7. Respiratory therapy;	
		8. Rehabilitation therapy;	
		9. Dialysis;	
		10. Provider consults; and	
		11. Discharge and transfer.	
	A Complete EHR or EHR Module 1		
Implement drug-drug,	1. Automatically and electronically go		
drug-allergy, drug-	message or sound) in real-time, alert		
formulary checks	and drug-allergy contraindications ba		
	allergy list, age, and CPOE.		
	8, 7, 8, 7		
	2. Enable a user to electronically check if drugs are in a formulary or		
	preferred drug list in accordance with	h the standard specified in Table 2A	
	row		
	3. Provide certain users with administrator rights to deactivate, modify,		
	and add rules for drug-drug and drug-allergy checking.		
	4. Automatically and electronically tr		
	the number of alerts responded to by		
Maintain an up-to-date	Enable a user to electronically record		
problem list of current	problem list for longitudinal care (i.e		
and active diagnoses	accordance with the applicable stand	ards% specified in Table 2A row 1.	
based on ICD-9-CM or			
SNOMED CT®	D 11		
Generate and transmit	Enable a user to electronically	No Associated Proposed	
permissible prescriptions	transmit medication orders	Meaningful Use Stage 1 Objective	
electronically (eRx)	(prescriptions) for patients in		
	accordance with the standards		
361	specified in Table 2A row 3.	1 1:6 1	
Maintain active	Enable a user to electronically record, modify, and retrieve a patient's		
medication list	active medication list as well as medication history for longitudinal care		
	(i.e., over multiple office visits) in accordance with the applicable		
	standard specified in Table 2A row 1.		
Maintain	A Complete EHR or EHR Module must include the capability to:		
Maintain active	Enable a user to electronically record, modify, and retrieve a		

<sup>&</sup>lt;sup>9</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: "Use CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)."

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medication allergy list	patient's active medication allergy list as well as medication allergy history		
Record demographics <sup>10</sup> , <sup>11</sup>	for longitudinal care (i.e., over multiper Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, and date of birth.	Enable a user to electronically record, modify, and retrieve patient demographic data including preferred language, insurance type, gender, race, ethnicity, date of birth, and date and cause of death in the event of mortality.	
Record and chart changes in vital signs:	<ol> <li>Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse.</li> <li>Automatically calculate and display body mass index (BMI) based on a</li> </ol>		
BMI • plot and display growth charts for children 2-20 years, including BMI	patient's height and weight.  3. Plot and electronically display, upon request, growth charts (height, weight, and BMI) for patients 2-20 years old.		
Record smoking status for patients 13 years old or older	Enable a user to electronically record, modify, and retrieve the smoking status of a patient to: current smoker, former smoker, or never smoked.		
	A Complete EHR or EHR Module must include the capability to:		
Incorporate clinical lab- test results into EHR as structured data	1. Electronically receive clinical laboratory test results in a structured format and display such results in human readable format.		
	2. Electronically display in human reatests that have been received with LO		
	3. Electronically display all the information for a test report specified at 42 CFR 493.1291(c)(1) through (7).12		
	4. Enable a user to electronically update a patient's record based upon received laboratory test results.		
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.		
Report quality measures	res 1. Calculate and electronically display quality measure results		

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<sup>&</sup>lt;sup>10</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is: "record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth."

<sup>&</sup>lt;sup>11</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: "record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date and cause of death in the event of mortality."

<sup>&</sup>lt;sup>12</sup> 42 CFR 493.1291(b) specifies that "[t]he test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request." 42 CFR 493.1291(c) specifies the required test report information.

<sup>&</sup>lt;sup>13</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Report ambulatory quality measures to CMS or the States."

to CMS or the States <sup>13</sup> , <sup>14</sup>	as specified by CMS or states.		
	2. Enable a user to electronically submit calculated quality measures in accordance with the standard specified in Table 2A row 5.  A Complete EHR or EHR Module must include the capability to:		
Send reminders to patients per patient preference for preventive/ follow up care	Electronically generate, upon request, a patient reminder list for preventive or follow-up care according to patient preferences based on demographic data, specific conditions, and/or medication list.	No Associated Proposed Meaningful Use Stage 1 Objective	
Implement 5 clinical decision support rules <sup>15</sup> , <sup>16</sup>	1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to specialty or clinical priorities that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list.  2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade.  3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.	1. Implement automated, electronic clinical decision support rules (in addition to drug-drug and drug-allergy contraindication checking) according to a high priority hospital condition that use demographic data, specific patient diagnoses, conditions, diagnostic test results and/or patient medication list.  2. Automatically and electronically generate and indicate (e.g., pop-up message or sound) in real-time, alerts and care suggestions based upon clinical decision support rules and evidence grade.  3. Automatically and electronically track, record, and generate reports on the number of alerts responded to by a user.	
	A Complete EHR or EHR Module r		
Check insurance eligibility electronically from public and private payers	Enable a user to electronically record and display patients' insurance eligibility, and submit insurance eligibility queries to public or private payers and receive an eligibility response in accordance with the applicable standards specified in Table 2A row 4.		
Submit claims electronically to public and private payers.	Enable a user to electronically submit claims to public or private payers in accordance with the applicable standards specified in Table 2A row 4.		
Provide patients with an electronic copy of their	Enable a user to create an electronic copy of a patient's	Enable a user to create an electronic copy of a patient's	

<sup>&</sup>lt;sup>14</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Report hospital quality measures to CMS or the States."

<sup>&</sup>lt;sup>15</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules"

<sup>&</sup>lt;sup>16</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules"

health information upon request <sup>17</sup> , <sup>18</sup>	clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.	clinical information, including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, discharge summary, and procedures in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to provide to a patient on electronic media, or through some other electronic means.
Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request	No Associated Proposed Meaningful Use Stage 1 Objective	Enable a user to create an electronic copy of the discharge instructions and procedures for a patient, in human readable format, at the time of discharge to provide to a patient on electronic media, or through some other electronic means.
	A Complete EHR or EHR Module r	
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible professional	Enable a user to provide patients with online access to their clinical information, including, at a minimum, lab test results, problem list, medication list, medication allergy list, immunizations, and procedures.	No Associated Proposed  Meaningful Use Stage 1 Objective
	A Complete EHR or EHR Module 1	must include the capability to:
Provide clinical summaries for patients for each office visit	1. Enable a user to provide clinical summaries to patients (in paper or electronic form) for each office visit that include, at a minimum, diagnostic test results, medication list, medication allergy list, procedures, problem list, and immunizations.	No Associated Proposed Meaningful Use Stage 1 Objective
	2. If the clinical summary is provided electronically (i.e., not printed), it must be provided in: 1) human readable format; and 2) accordance with the standards% specified in Table 2A row 1 to	

<sup>&</sup>lt;sup>17</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request"

<sup>&</sup>lt;sup>18</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request"

	muorido to a mationa de altraca :		
	provide to a patient on electronic		
	media, or through some other		
	electronic means.		
	A Complete EHR or EHR Module must include the capability to:		
Capability to exchange key clinical information among providers of care and patient authorized entities electronically <sup>19</sup> , <sup>20</sup> Provide summary care record for each transition of care and	1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an	1. Electronically receive a patient summary record, from other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient	
referral	alternative standard specified in Table 2A row 1, displaying it in human readable format.	summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.	
	2. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.  A Complete EHR or EHR Module reserved.	2. Enable a user to electronically transmit a patient summary record, to other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.	
Perform medication reconciliation at relevant encounters and each transition of care	Electronically complete medication remedication lists (compare and merge	Electronically complete medication reconciliation of two or more nedication lists (compare and merge) into a single medication list that an be electronically displayed in real-time.	
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Electronically record, retrieve, and tr immunization registries in accordance Table 2A row 8 or in accordance wit standard format.	te with the standards% specified in the applicable state-designated	
Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can	No Associated Proposed Meaningful Use Stage 1 Objective	Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standards% specified in Table 2A row 6.	

<sup>&</sup>lt;sup>19</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Capability to exchange key clinical information (for example problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically."

<sup>&</sup>lt;sup>20</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Capability to exchange key clinical information (for example discharge summary, procedures, problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically."

be received				
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice	Electronically record, retrieve, and transmit syndrome-based (e.g., influenza like illness) public health surveillance information to public health agencies in accordance with the standards specified in Table 2A row 7.			
	A Complete EHR or EHR Module r	nust include the capability to:		
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	1. Assign a unique name and/or numidentity and establish controls that preference health information.  2. Permit authorized users (who are a to access electronic health information).  3. Terminate an electronic session affinactivity.  4. Encrypt and decrypt electronic headefined preferences (e.g., backups, reaccordance with the standard specific formation).  5. Encrypt and decrypt electronic head accordance with the standard specific formation accordance with the standard specific formation.  6. Record actions (e.g., deletion) relating accordance with the standard specific formation and print all or a specified set request or at a set period of time.  7. Verify that electronic health informand detect the alteration and deletion and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and audit logs in accordance with the set of the electronic health information and deletion and audit logs in accordance with the set of the electronic health information and deletion and audit logs in accordance with the set of the electronic health information and the electronic health information accordance with the set of the electronic health information accordance with the set of the electronic health information accordance with	authorized for emergency situations) on during an emergency.  There a predetermined time of  alth information according to user- emovable media, at log-on/off) in ed in Table 2B row 1.  alth information when exchanged in ed in Table 2B row 2.  ted to electronic health information cified in Table 2B row 3 (i.e., audit fined events, and electronically t of recorded information upon  mation has not been altered in transit n of electronic health information e standard specified in Table 2B row  ing access to electronic health is authorized to access such		
	Table 2B row 5.			
10. Record disclosures made for treatment, payment, and heat operations in accordance with the standard specified in Table				
TT 0	A Complete EHR or EHR Module must include the capability to:			
Use Computerized	Enable a user to electronically	Enable a user to electronically		
Provider Order Entry (CPOE) <sup>21</sup>	record, store, retrieve, and manage, at a minimum, the following order	record, store, retrieve, and manage, at a minimum, the following order		

<sup>&</sup>lt;sup>21</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: "Use CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)."

	T	T	
	types:	types:	
	1. Medications;	1. Medications;	
	2. Laboratory;	2. Laboratory;	
	3. Radiology/imaging; and	3. Radiology/imaging;	
	4. Provider referrals.	4. Blood bank;	
		5. Physical therapy;	
		6. Occupational therapy;	
		7. Respiratory therapy;	
		8. Rehabilitation therapy;	
		9. Dialysis;	
		10. Provider consults; and	
		11. Discharge and transfer.	
	A Complete EHR or EHR Module r		
Impelance to describe	·		
Implement drug-drug,	1. Automatically and electronically go		
drug-allergy, drug-	message or sound) in real-time, alerts		
formulary checks	and drug-allergy contraindications ba	ased on medication list, medication	
	allergy list, age, and CPOE.		
		1.61	
	2. Enable a user to electronically che		
	preferred drug list in accordance with	h the standard specified in Table 2A	
	row		
	3. Provide certain users with adminis		
	and add rules for drug-drug and drug	g-allergy checking.	
	4. Automatically and electronically tr	ack, record, and generate reports on	
	the number of alerts responded to by a user.		
Maintain an up-to-date	Enable a user to electronically record, modify, and retrieve a patient's		
problem list of current	problem list for longitudinal care (i.e., over multiple office visits) in		
and active diagnoses	accordance with the applicable stand	ards% specified in Table 2A row 1.	
based on ICD-9-CM or		_	
SNOMED CT®			
Generate and transmit	Enable a user to electronically	No Associated Proposed	
permissible prescriptions	transmit medication orders	Meaningful Use Stage 1 Objective	
electronically (eRx)	(prescriptions) for patients in		
(	accordance with the standards		
	specified in Table 2A row 3.		
Maintain active	Enable a user to electronically record	I modify and retrieve a patient's	
medication list	I		
incucation list	active medication list as well as medication history for longitudinal care		
	(i.e., over multiple office visits) in accordance with the applicable		
	standard specified in Table 2A row 1.		
34	A Complete EHR or EHR Module must include the capability to:		
Maintain active	Enable a user to electronically record		
medication allergy list	patient's active medication allergy list as well as medication allergy history		
	for longitudinal care (i.e., over multiple office visits).		
Record	Enable a user to electronically	Enable a user to electronically	
demographics <sup>22</sup> , <sup>23</sup>	record, modify, and retrieve patient	record, modify, and retrieve patient	
	demographic data including	demographic data including	

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<sup>&</sup>lt;sup>22</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is: "record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth."

<sup>&</sup>lt;sup>23</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is: "record demographics: preferred language, insurance type, gender, race, ethnicity, date of birth, date and cause of death in the event of mortality."

	preferred language, insurance type, gender, race, ethnicity, and date of birth.	preferred language, insurance type, gender, race, ethnicity, date of birth, and date and cause of death in the event of mortality.		
Record and chart changes in vital signs: • height • weight	1. Enable a user to electronically record, modify, and retrieve a patient's vital signs including, at a minimum, the height, weight, blood pressure, temperature, and pulse.			
blood pressure     calculate and display: BMI	2. Automatically calculate and display patient's height and weight.	y body mass index (BMI) based on a		
• plot and display growth charts for children 2-20 years, including BMI	3. Plot and electronically display, upoweight, and BMI) for patients 2-20 y	ears old.		
Record smoking status for patients 13 years old or older	Enable a user to electronically record status of a patient to: current smoke			
Proposed Meaningful Use Stage 1 Objectives	Certification Criteria to Support the Achievement of Meaningful Use Stage 1 by Eligible Professionals  Certification Criteria to Support the Achievement of Meaningful Use Stage 1 by Eligible Hospital			
	A Complete EHR or EHR Module r	nust include the capability to:		
Incorporate clinical lab- test results into EHR as structured data	Electronically receive clinical laboratory test results in a structured format and display such results in human readable format.      Electronically display in human readable format any clinical laboratory tests that have been received with LOINC® codes.			
	3. Electronically display all the inform 42 CFR 493.1291(c)(1) through (7). <sup>24</sup>			
	4. Enable a user to electronically updreceived laboratory test results.			
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach	Enable a user to electronically select, sort, retrieve, and output a list of patients and patients' clinical information, based on user-defined demographic data, medication list, and specific conditions.			
Report quality measures to CMS or the States <sup>25</sup> , <sup>26</sup>	1. Calculate and electronically display quality measure results as specified by CMS or states.			
	2. Enable a user to electronically submit calculated quality measures in accordance with the standard specified in Table 2A row 5.			
	A Complete EHR or EHR Module must include the capability to:			
Send reminders to	Electronically generate, upon	No Associated Proposed		

<sup>&</sup>lt;sup>24</sup> 42 CFR 493.1291(b) specifies that "[t]he test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request." 42 CFR 493.1291(c) specifies the required test report information.

<sup>&</sup>lt;sup>25</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Report ambulatory quality measures to CMS or the States."

<sup>&</sup>lt;sup>26</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Report hospital quality measures to CMS or the States."

patients per patient	request, a patient reminder list for	Meaningful Use Stage 1 Objective	
preference for	preventive or follow-up care	Wearinigiti Ose Stage i Objective	
preventive/ follow up	according to patient preferences		
care	based on demographic data,		
Care	specific conditions, and/or		
	medication list.		
Implement 5 clinical	1. Implement automated,	1. Implement automated,	
decision support rules <sup>27</sup> ,	electronic clinical decision support	electronic clinical decision support	
28	rules (in addition to drug-drug and	rules (in addition to drug-drug and	
	drug-allergy contraindication	drug-allergy contraindication	
	checking) according to specialty or	checking) according to a high	
	clinical priorities that use	priority hospital condition that use	
	demographic data, specific patient	demographic data, specific patient	
	diagnoses, conditions, diagnostic	diagnoses, conditions, diagnostic	
	test results and/or patient	test results and/or patient	
	medication list.	medication list.	
	2. Automatically and electronically	2. Automatically and electronically	
	generate and indicate (e.g., pop-up	generate and indicate (e.g., pop-up	
	message or sound) in real-time,	message or sound) in real-time,	
	alerts and care suggestions based	alerts and care suggestions based	
	upon clinical decision support rules	upon clinical decision support rules	
	and evidence grade.	and evidence grade.	
	3. Automatically and electronically	3. Automatically and electronically	
	track, record, and generate reports	track, record, and generate reports	
	on the number of alerts responded	on the number of alerts responded	
	to by a user.	to by a user.	
	A Complete EHR or EHR Module r	nust include the capability to:	
Check insurance	Enable a user to electronically record		
eligibility electronically	eligibility, and submit insurance eligil		
from public and private	payers and receive an eligibility response		
payers	applicable standards specified in Tab	ole 2A row 4.	
Submit claims	Enable a user to electronically submit claims to public or private payers		
electronically to public	in accordance with the applicable sta	ndards specified in Table 2A row 4.	
and private payers.		,	
Provide patients with an	Enable a user to create an	Enable a user to create an	
electronic copy of their	electronic copy of a patient's	electronic copy of a patient's	
health information upon	clinical information, including, at a	clinical information, including, at a	
request <sup>29</sup> , <sup>30</sup>	minimum, diagnostic test results,	minimum, diagnostic test results,	
	problem list, medication list,	problem list, medication list,	

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<sup>&</sup>lt;sup>27</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules"

<sup>&</sup>lt;sup>28</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules"

<sup>&</sup>lt;sup>29</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request"

<sup>&</sup>lt;sup>30</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request"

	medication alleres list	medication alleres list
	medication allergy list,	medication allergy list,
	immunizations, and procedures in:	immunizations, discharge
	1) human readable format; and 2)	summary, and procedures in:
	accordance with the standards%	1) human readable format; and 2)
	specified in Table 2A row 1 to	accordance with the standards%
	provide to a patient on electronic	specified in Table 2A row 1 to
	media, or through some other	provide to a patient on electronic
	electronic means.	media, or through some other
	27 4 1 1 2	electronic means.
Provide patients with an	No Associated Proposed	Enable a user to create an
electronic copy of their	Meaningful Use Stage 1 Objective	electronic copy of the discharge
discharge instructions		instructions and procedures for a
and procedures at time		patient, in human readable format,
of discharge, upon		at the time of discharge to provide
request		to a patient on electronic media, or
		through some other electronic
		means.
	A Complete EHR or EHR Module r	nust include the capability to:
Provide patients with	Enable a user to provide patients	No Associated Proposed
timely electronic access	with online access to their clinical	Meaningful Use Stage 1 Objective
to their health	information, including, at a	
information (including	minimum, lab test results, problem	
lab results, problem list,	list, medication list, medication	
medication lists,	allergy list, immunizations, and	
allergies) within 96 hours	procedures.	
of the information being		
available to the eligible		
professional		
	A Complete EHR or EHR Module r	must include the capability to:
Provide clinical	1. Enable a user to provide clinical	No Associated Proposed
summaries for patients	summaries to patients (in paper or	Meaningful Use Stage 1 Objective
for each office visit	electronic form) for each office	
	visit that include, at a minimum,	
	diagnostic test results, medication	
	list, medication allergy list,	
	procedures, problem list, and	
	immunizations.	
	0.761	
	2. If the clinical summary is	
	provided electronically (i.e., not	
	printed), it must be provided in: 1)	
	human readable format; and 2)	
	accordance with the standards%	
	specified in Table 2A row 1 to	
	provide to a patient on electronic	
	media, or through some other	
	electronic means.	
	A Complete EHR or EHR Module r	
Capability to exchange	1. Electronically receive a patient	1. Electronically receive a patient
Capability to exchange key clinical information among providers of care	1. Electronically receive a patient summary record, from other providers and organizations	1. Electronically receive a patient summary record, from other providers and organizations

and patient authorized entities electronically <sup>31</sup> , <sup>32</sup> Provide summary care record for each transition of care and referral	including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.	including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures and upon receipt of a patient summary record formatted in an alternative standard specified in Table 2A row 1, displaying it in human readable format.	
	2. Enable a user to electronically transmit a patient summary record to other providers and organizations including, at a minimum, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.	2. Enable a user to electronically transmit a patient summary record, to other providers and organizations including, at a minimum, discharge summary, diagnostic test results, problem list, medication list, medication allergy list, immunizations, and procedures in accordance with the standards% specified in Table 2A row 1.	
	A Complete EHR or EHR Module r	nust include the capability to:	
Perform medication reconciliation at relevant encounters and each transition of care	Electronically complete medication reconciliation of two or more medication lists (compare and merge) into a single medication list that can be electronically displayed in real-time.		
Capability to submit electronic data to immunization registries and actual submission where required and accepted	Electronically record, retrieve, and transmit immunization information to immunization registries in accordance with the standards% specified in Table 2A row 8 or in accordance with the applicable state-designated standard format.		
Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received	No Associated Proposed Meaningful Use Stage 1 Objective	Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standards% specified in Table 2A row 6.	
Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable	Electronically record, retrieve, and trinfluenza like illness) public health su health agencies in accordance with throw 7.	arveillance information to public	

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<sup>&</sup>lt;sup>31</sup> For eligible professionals the full proposed meaningful use Stage 1 objective is "Capability to exchange key clinical information (for example problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically."

<sup>&</sup>lt;sup>32</sup> For eligible hospitals the full proposed meaningful use Stage 1 objective is "Capability to exchange key clinical information (for example discharge summary, procedures, problem list, medication list, allergies, diagnostic test results) among providers of care and patient authorized entities electronically."

law and practice	
	A Complete EHR or EHR Module must include the capability to:
Protect electronic health	1. Assign a unique name and/or number for identifying and tracking user
information created or	identity and establish controls that permit only authorized users to access
maintained by the	electronic health information.
certified EHR	
technology through the	2. Permit authorized users (who are authorized for emergency situations)
implementation of	to access electronic health information during an emergency.
appropriate technical	
capabilities	3. Terminate an electronic session after a predetermined time of
	inactivity.
	4. Encrypt and decrypt electronic health information according to user-
	defined preferences (e.g., backups, removable media, at log-on/off) in
	accordance with the standard specified in Table 2B row 1.
	5. Encrypt and decrypt electronic health information when exchanged in
	accordance with the standard specified in Table 2B row 2.
	6. Record actions (e.g., deletion) related to electronic health information
	in accordance with the standard specified in Table 2B row 3 (i.e., audit
	log), provide alerts based on user-defined events, and electronically
	display and print all or a specified set of recorded information upon request or at a set period of time.
	request of at a set period of time.
	7. Verify that electronic health information has not been altered in transit
	and detect the alteration and deletion of electronic health information
	and audit logs in accordance with the standard specified in Table 2B row
	4.
	8. Verify that a person or entity seeking access to electronic health
	information is the one claimed and is authorized to access such
	information.
	9. Verify that a person or entity seeking access to electronic health
	information across a network is the one claimed and is authorized to
	access such information in accordance with the standard specified in
	Table 2B row 5.
	10. Record disclosures made for treatment, payment, and health care
	operations in accordance with the standard specified in Table 2B row 6.

### Appendix G-Adopted Content Exchange and Vocabulary Standards

			Adopted Standard(s) to	Candidate Standard(s)
<u>Row #</u>	<u>Purpose</u>	Category	Support Meaningful Use Stage 1	to Support Meaningful Use Stage 2
		Сх	HL7 CDA R2 CCD	Alternatives expected
	Patient Summary Record	<b>3.</b>	Level 2 or ASTM CCR	to be narrowed based on HIT Standards Committee recommendations
	Problem List	V	Applicable HIPAA code set required by law (i.e.,ICD-9-CM); or SNOMED CT®	Applicable HIPAA code set required by law (e.g.,ICD-10-CM) or SNOMED CT®
1	Medication List	V	Any code set by an RxNorm drug data source provider that is identified by the United States National Library of Medicine as being a complete data set integrated within RxNorm+	RxNorm
	Medication Allergy List	V	No standard adopted at this time.	UNII
	Procedures	V	plicable HIPAA code s required by law (i.e., D-9-CM or T-4®)	plicable HIPAA code s required by law ,, ICD-10-PCS or T-4®)
	Vital Signs	V	No standard adopted at this time.	CDA template
	Units of Measure	V	No standard adopted at this time.	UCUM
	Lab Orders and Results	V	LOINC® when LOINC® codes have been received from a laboratory	LOINC®
2	Drug Formulary Check	Сх	Applicable Part D standard required by law (i.e., NCPDP Formulary & Benefits Standard 1.0)	Applicable Part D standard required by law

### Appendix G-Adopted Content Exchange and Vocabulary Standards

			1	LICOND D CODYDE 40 (
		Cx	Applicable Part D	NCPDP SCRIPT 10.6
			standard required by	
			law	
			(e.g., NCPDP	
			SCRIPT	
			8.1) or NCPDP	
			SCRIPT	
			8.1 and NCPDP	
			SCRIPT	
			10.6	
		V	Any code set by an	RxNorm
3	Electronic	·	RxNorm drug data	
	Prescribing		source provider that	
			is	
			identified by the	
			United	
			States National	
			Library of Medicine as being	
			Ŭ.	
			complete data set	
			integrated within`	
			RxNorm+	
		Сх	Applicable HIPAA	Applicable HIPAA
4	Administrative	Cx	transaction standards	transaction standards
7	Transactions		required by law	required by law
		Сх	CMS PQRI 2008	Potentially newer
		CA	Registry XML	version(s) or
	Quality Reporting		Specification#,+	standards
5			opecinicationπ,	based on HIT
	Reporting			Standards
				Committee Input
		Сх	HL7 2.5.1	Potentially newer
		CA	1111/2,3,1	version(s) or
				standards
				based on HIT
				Standards
	Submission of			Committee
6	Lab Results to			Recommendations
	Public Health	V	LOINC® when	LOINC®, UCUM,
	Agencies	·	LOINC® when LOINC® codes	and
			have	SNOMED CT® or
			been received from a	Applicable Public
			laboratory	Health Agency
			1aboratory	Requirements
7	Submission to	Сх	HL7 2.3.1 or HL7	Potentially newer
	Public Health	Cx	2.5.1	version(s) or
	Agencies for		4.3.1	standards
	Surveillance or			based on HIT
	Reporting			Standards
	(excluding adverse event	V	According to	CIPSE or According
		V	According to	GIPSE or According
	reporting)		Applicable  Dublic Health	to
			Public Health	Applicable Public

### Appendix G-Adopted Content Exchange and Vocabulary Standards

			Agency	Health Agency
			Requirements	Requirements
8	Submission to	Cx	HL7 2.3.1 or HL7	Potentially newer
	Immunization		2.5.1	version(s) or
	Registries			standards
				based on HIT
				Standards
				Committee
				Recommendations
		V	CVX*,+	CVX

### Appendix H-Adopted Privacy and Security Standards

<u>Row</u> #	<u>Purpose</u>	Adopted Standard
1	General Encryption and Decryption of Electronic Health Information	A symmetric 128 bit fixed-block cipher algorithm capable of using a 128, 192, or 256 bit encryption key must be used (e.g., FIPS 197 Advanced Encryption Standard, (AES), Nov 2001).+
2	Encryption and Decryption of Electronic Health Information for Exchange	An encrypted and integrity protected link must be implemented (e.g., TLS, IPv6, IPv4 with IPsec).+
3	Record Actions Related to Electronic Health Information (i.e., audit log)	The date, time, patient identification (name or number), and user identification (name or number) must be recorded when electronic health information is created, modified, deleted, or printed. An indication of which action(s) occurred must also be recorded (e.g., modification).+
4	Verification that Electronic Health Information has not been Altered in Transit	A secure hashing algorithm must be used to verify that electronic health information has not been altered in transit. The secure hash algorithm used must be SHA-1 or higher (e.g., Federal Information Processing Standards (FIPS) Publication (PUB) Secure Hash Standard (SHS) FIPS PUB 180-3).+
5	Cross-Enterprise Authentication	Use of a cross-enterprise secure transaction that contains sufficient identity information such that the receiver can make access control decisions and produce detailed and accurate security audit trails (e.g., IHE Cross Enterprise User Assertion (XUA) with SAML identity assertions).+
6	Record Treatment, Payment, and Health Care Operations Disclosures	The date, time, patient identification (name or number), user identification (name or number), and a description of the disclosure must be recorded.+